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KALAMAZOO RIVER
SITE
INVESTIGATION

**1ENTS #MEN 03200 - MEN 03540** 

# SUPPLEMENTAL PRODUCTION

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Michigan Water Resources Commission

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SHE PAGE 10 FOR ALLING INSTRUCTION

## STANDARD INDUSTRIAL CLASSIFICATION CODES

Note: This is as edited list. Any facility which cannot be categorized with one of the following listings should leave the box on page 4, question 7 facility.

Sample of the product	mda <b>Tille</b>	CoAs Yale	Code Title
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	A Fritting Trade Services	A COLUMN TO THE PROPERTY OF TH	2000 Outpubent Care Facilities

#### INSTRUCTIONS FOR FORM II

Note that information is to be reported separately for each outfall. An outfall, for purgoses of this report is considered to be any point at which wastewater enters the waters of the State (including groundwaters) of a sewer system. Complete a section of information for each wastewater discharge (multiple multiple multiple should be sever connections may be summarized as one outfall). If ninre finant two outfalls is be reported, Form II may be duplicated or additional copies will be supplied on request (use order blank page 2).

ITEM A — In the spaces provided first copy the six digit facility identification code number from the upper left frand corner of the mailing label (leave blank if number does not appear on label). Next in the spaces marked OUTFALL NUMBER, number each outfall reported using any numbering system of not more than two cigits. If you submit Monthly Operating Reports enter the appropriate station number in the spaces so marked

ITEM B — Circle the number corresponding to the type of discharge. For surface water discharges list the name of the receiving water. A DISCHARGE TO A STORM SEWER which directly enters a watercourse is a SURFACE WATER DISCHARGE and must be reported as such. Lagoons with an outlet to surface waters must be reported as surface water discharges. Discharges to combined storm-sanitary sewer systems may be reported as municipal sanitary sewer discharges. For groundwater discharges specify the type of groundwater disposal by circling the appropriate subgroup under the groundwaters heading. For discharges to a sanitary sewer system list the name of the municipality operating the system.

ITEM C — Flow figures (Average, Minimum and Maximum) are to be reported in the appropriate spaces in units of million gallons per day (MGD). For example:

Note that decimal points are coded as digits, Round off flow figures as necessary to fit in the space provided. The average daily flow figure should be based on the number of days during the year on vinich the outfall discharged.

Average Daily Flow = total outfall discharge volume for the year number of days discharge took place

except for lagoons, which should report

Average Daily Flow = Total influent volume for the year number of days during which influent took place

Note For lagoons, the average Daily Flow and Maximum Daily Flow are the same.

Indicate whether flow figures reported were measured or estimated by placing a check in the correct box

If EMD — Indicate the type of wastewater discharged by the outfall in relative percentages adding up to 100 percent. For purposes of this report, sanitary wastewater includes human sewage only, and cooling and condenser wastewater includes only uncontaminated water resulting from these practices. All other forms of wastewater are considered process wastewater.

ITEM E—Use this item to indicate months of operation of the outfall during calendar year 1974, if the outfall operated for the full year check this box. If the outfall began and/or ended operation during the year or it it was used only a few months or days list the date(s), if the outfall operated intermittently (on and off several times) indicate the number of days of discharge.

ITEM F—Briefly describe the nature and source of the wastewater from this outfall, a description of the outfall and the geographical location of the outfall. Location may be indicated by any of the following methods. Littude and longitude in degrees, minutes and seconds; Tier, Range and section along with feet north and east of the southwest corner of the section; river miles upstream from the mouth of the river; distance from the nearest bridge along with the name of the roar the bridge is on; nearest cross streets for sewer connections, or street address of a sawer connection point may be used where applicable. A marked and scaled map may be enclosed to satisfy the location requirement.

## FORM II — WASTEWATER OUTFALL REPORT

(See Instructions on Facing Page and Example on Page 14)

A 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ly Operating Report Station or (If Known-Otherwise leave :	- '1 - 16
B. Water from this outfall is discharged to (Circle	(Ine Only)	C. Volume of Discharge	
1. Surface Waters Name of receiving (for storm sewers give where		1. Avg. Daily Flow (MGD)	الماندان
Groundwaters	•	0 11 51 1150	18
2. Lagoon or Seepage Pond With No Outlet		2. Min. Daily Flow (MGD)	111-1-1
3. Spray Irrigation			<del></del>
4 Septic Tank — Tile Field		3. Max. Daily Flow (MGD)	لسنسا
5. Deep Well Disposal		1	29 32
6 Surface of Ground		4. Total Annual Flow (MGY	السيسيا
7. Other (describe)	<del></del>		33 38
		Was flow (Check One)	
8 Municipal Sanitary Sewer Name of Municip	-1	Imeasured or	
Name of Municip	anty.	☐estimated?	
* Type of Wastewater	E. Outfall Oper:	ted	
	1. D Full Ye		
1 Process 1 1 %	2. Only P		
. ()	1	date Final date	3
* Cr ling	of disch	-	
		ttent:days	3~
3 Santary 1 1 %	, <u> </u>		
Outfall Number  Number  Number  Name of receiving with receiving w	vumber ne Only)	Operating Report Station (If Known-Otherwise leave blank)  C. Volume of Discharge  1. Avg Daily-Flow (MGD)  2. Min. Daily Flow (MGD)  3. Max. Daily Flow (MGD)  4. Total Annual Flow (MGY)	11 10 18 23 27 23 32 24 32 33 38
* Municipal Sanitary Sewer Name of Municipality	<del></del>	measured or mestimated?	
Process %	E. Outfali Operat  1. □Full Year  2. □Only Part		
Cooling %	Initial da	te Final date .	
42 44	_ of dischar	•	•
3. Intermitted		ent:days	
Word Description of Wastewater, Outfall Description	on and Outfa!! Loc	ation 2/ 2	
		- 42 7/40 Love	
FOR ADDITIONAL OUTFAILS, MAKE CO	OPIES OF THIS F	URM OR REQUEST ADDITIONA	L FORMS.
r= 7/	,		

Resources Commission 55.3

## FORM II — WASTEWATER OUTFALL REPORT

(See Instructions on Facing Page and Example on Page 14)

A 7,86,30019 Outfall D19	Monthly Operating Report Station Number (If Known-Otherwise leave blank)
B Water from this cutfall is discharged to (Circle	One Only) C. Volume of Discharge
1 Surface Waters   Al Arme of receiving (for storm source give where	water 1 Ave Daily Flow (MGD)
Groundwaters	2 Min Daily Flaw (MSD)
2. Lagoon or Seepage Pond With No Outlet	2 Min. Daily Flow (MGD)
Spray Irrigation     Septic Tank — Tile Field	3. Max. Daily Flow (MGD)
5. Deep Well Disposal	3. Max. Daily Flow (mod) 28 32
6. Surface of Ground	4. Total Annual Flow (MGY)
7. Other (cascribe)	33 36
	Was flow (Check One)
8 Municipal Sanitary Sewer	measured or
Name of Municip.	estimated?
D Type of Wastewater	E. Outfall Operated
·· <del>[ [ ]                               </del>	1. 2 Fuli Year
1. Process 4 %	2. Only Part of Year
2 Cooling %	Initial dateFinal date
42 44	of discharge of discharge
3. Sanitary %	3. Intermittentdays
5 47	The section of the section of
Fvoro Description of Wastewater, Outrain Descrip	ption and Outfall Location Power Horis .: ATTIST
All firm no ro. thru 10" 1.	1 - 1-10 LAT 42 20 45 Long 15 41.
	7 7
A 7, Ø Outfail	Monthly Operating Report Station
Number 9 10	Number (If-Known-Otherwise leave blank)
B Water from this outfall is discharged to (Circle Or	
_	- Volume of District of
Surface Waters	
(for storm sewers give where see Groundwaters	ewer discharges) 18 22
2 Lagoon or Seepage Pond With No Outlet	2 Min. Daily Flow (MGD)
3. Spray Irrigation	23 27
4. Septic Tank - Tile Field	3 Max Daily Flow (MGD)
5 Deep Well Disposel	28 32
6 Surface of Ground	4. Total Annual Flow (MGY)
7. Other (describe)	33 38
	Was flow (Check One)
8 Municipal Sanitary Sewer Name of Municipality	[] ineasured or
(17)	estimated?
D Type of Wastewater	E Outfall Operated
1. Process %	1. Full Year
39 41	2. Only Part of Year
2. Cooling %	Initial date Final date
2 6	of discharge of discharge
3 Sanitary %	3. Intermittent:days
F. Word Description of Wastewater, Outfall Description	3. Intermittent:days

FOR ADDITIONAL OUTFALLS, MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS.

#### IPSTRUCTIONS FOR FORM III

Complete one section of this form for each material listed on page 13 which is used and/or discharged at this site. Note that usage and discharge are to be reported on a plant wide basis and that they are reported by ranges rather than by specifying exact pounds.

Note: We are interested in the critical materials contained in your production upon your manufacturing process in any way, even if they are recovered or if they do not come in contact with water. Any critical materials used incidental to your manufacturing process must be reported if they may, at times, be discharged. It is not necessary to report traces of critical materials that may be present in your water supply. If you are uncertain whether a particular material must be reported please call Jerry Fore (517) 373-2867 for assistance.

Copy the six-digit identifying code number appearing on the mailing label in the space provided (leave blank if number does not appear on label).

ITEM A — Note that each item on the critical materials list has a corresponding five-digit parameter number. Copy the proper number in the space provided.

ITEM B — Indicate the name of the critical material being reported. (Must match number listed in A.)

NEM C — Circle the number corresponding to the level of usage of critical material in question at this plant site during 1974.

ITEM D—Circle the number corresponding to the total level of discharge of the critical material in question in the wastewater of this plant during 1974.

ITEM E — List the numbers of the outfalls reported on Form II which discharge any amount of the critical material in question.

ITEM F — If publication of information you supplied in Item C would endanger the confidentiality of proprietary manufacturing processes, place an "X" in the box provided and that information will be held confidential.

Repeat sections as necessary to report all critical materials used and/or discharged. You may duplicate page 3 if more than three (3) materials are reported, or additional forms can be obtained on request to:

Michigan Water Resources Commission Act 293 Reports P.O. Box 70 Lansing, Michigan 48901

## FORM III - CRITICAL MATERIALS REPORT

MEN03217

(See Instructions on Facing Pag) and the Example on Page 14)

Copy Code Number from Mailing Label    8	item C: Total ibs./yr. used in plant:  (1) < 101 ibs.  2 = 10.1-1,000 ibs.  3 = 1,001-10,000 ibs.  One 4 = 10,001-  100,000 ibs.  5 = 100,001-  1,000,000 ibs.  6 = >1,000,000 ibs.  (14)	Item 7: Total lbs./yr. discharged by plant 0 = 0 lb; 1 = <11 lbs. Circle 2 = 11-100 lbs. One 3 = 101-500 lbs. 4 = 501-1,000 lbs. 5 = 1,001-1c,000 lbs. 6 = 10,001- 100,000 lbs. 7 = >100,000 lbs. (15)		
Item E: Indicate the humbers of the outfalls reported    16   17   18   19   20   21   22   23   24   25   26   27   28   29   30   30      Item F:	31 32 33 34 35 36 37 38 39 4	0 41 42 43 44 45 46 47		
	Item C: Total lbs./yr. used in plant:  1 = <101 lbs.  2 = 101-1,000 lbs.  3 = 1,001-10,000 lbs.  One  4 = 10,001 —  100,000 lbs.  5 = 100,001 —  1,000,000 lbs.  6 = >1,000,000 lbs.	Item D: Total lbs./yr. discharged by plant 0 = 0 lbs. 1 = <11 lbs. Crote 2 = 11-100 lbs. One 3 = 101-500 lbs. 4 = 501-1,000 lbs. 5 = 1,001-10,000 lbs. 6 = 10,001- 100,000 lbs. 7 = >100,000 lbs. (15)		
Item E Indicate the numbers of the outfalls reported of the first the first the numbers of the outfalls reported of the first the first the first the information supplied (48) Section 6b of Act 293 and Rule 235(4).	1 32 33 34 35 36 27 38 39 40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Number from Item 4: Mailing Label Parameter No.	tem C: Total lbs./yr.  used in plant:  1 = <101 lbs.  2 = 101-1,000 lbs.  3 = 1,00110,000 lbs.  one 4 = 10,001-  100,000 lbs.  5 = 100,001 -  1,000,000 lbs.  6 = >1,000,000 lbs.  (14)	Item D: Total lbs./yr.  discharged by plant  0 = 0 lbs. 1 = <11 lbs.  Circle 2 = 11-100 lbs.  f = £01 1 (000 lbs. 5 = 1,001-10,000 lbs. 6 = 10,001-10,000 lbs. 7 => 100,000 lbs. (15)		
Item E: Indicate the numbers of the outfalls reported on Form II which discharge this critical material:				

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

## FORM III - CRITICAL MATERIALS REPORT

MEN03218

(See Instructions on Facing Page and the Example on Page 14)

يبيها بنشاها كالتأك كالتأكيد التناك والتناف التناف والتناف والتناف والتناف والتناف والتناف والتناف والتناف		
Copy Code Plumber from Mailing Label  B, C	Item C: Total lbs./yr. used in plant:	Item D. Total lbs./yr. discharged Ly plant = 0 lbs. < 11 lbs. 2 = 11-100 lbs. One 3 = 101-500 lbs. 4 = 501-1,000 lbs. 5 = 10,001-10,000 lbs. 7 = 100,000 lbs. (15)
		critical material:
ttem F: Check here if you want the information supplied (14a) Section 6b of Act 293 and Rule 235(4).	d in ITEM C to remain confident	tial as provided by
Copy Code Number from Mailing Label  8, C  8, C  8, C  8 C  11  11em B Critical Material	Item C: Total lbs./yr. us=d in plant: 1 = <101 lbs. 2 = 101-1,000 lbs. 3 = 1,001-10,000 lbs. Cne 4 10,001- 100,000 lbs. 5 = 100,001- 1,000,000 lbs. 6 = >1,000,000 lbs.	tem D: Total lbs./yr.   discharged by plant   U = 0 lbs.   1 = < 11 lbs.
17 In It Indicate the numbers of the outfalls reported 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3		
Check here if you want the information supplied Section 6b of Act 293 and Rule 235(4).	in ITEM C to remain confident	ial as provided by
	بالمستنب المستناء موارات المسينات	
Copy Code Number from Mailing Label  B, C  1tem B. Critical Material	Item C: Total its./yr.  used in plant:  1 = <101 lbs.  2 = 101-1,000 lbs.  3 = 1,001-10,000 lbs.  Crose 4 = 10,001-  100,000 lbs.  5 = 100,001 -  1,000,000 lbs.  6 = >1,000,000 lbs.  (14)	Item D: Total Ibs./y  discharged by plant  0 = 0 Ibs.  1 = < 11 Ibs.  2 = 11-100 Ibs.  3 = 101-500 Ibs.  4 = 501-1,000 Ibs.  5 = 1,001-10,000 Ibs.  7 = > 100,000 Ibs.  (15)
1em E: Indicate the numbers of the outfalls reported of 16 17 18 12 20 21 22 23 24 25 26 27 28 29 30 3:		
Item F: Check here if you want the information supplied (48) Section 6b of Act 293 and Rule 235(4).	in ITEM C to remain confidentia	al as provided by

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FURM OR REQUEST ADDITIONAL FORMS

(See Instructions on Facing Page and the Example on Page 14)

Copy Code Number from Mailing Label  8 C J J J J F  Sulface S  Item 5: Critical Material Sulface S	item C: Total lbs./yr. osed in plant:  1 = <101 lbs. 2 = 101-1,000 lbs. 3 = 1,001-10,000 lbs. One 4 = 10,001- 100,000 lbs. 5 = 100,001 - 1,000,000 lbs. 67 > 1,000,000 lbs.	tem D: Total lbs./yr., discharged by plant 2 - 0 lbs. 1 = <11 lbs. 2 = 11-100 lbs. One 3 = 101-500 lbs. 4 = 501-1,000 lbs. 5 = 1,001-10,000 lbs. 6 = 10,001 100,000 lbs. 7 = >100,000 lbs.
Item E: Indicate the numbers of the outfalls reported  16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
Item F: Check here if you want the information supplied (46) Section 6b of Act 293 and Rule 235(4).	I in ITEM C to remain confiden	tial as provided by
Copy Code Number from Mailing Label  8 C 1 1 1 1 8 9 1 13  Item B: Critical Material	Item C: Total ibs./yr. used in plant:  1 = <101 lbs. 2 = 101-1,000 lbs. 3 = 1,001-10,000 lbs. One 4 = 10,001- 100,000 lbs. 5 = 100,001 - 1,000,000 lbs. 6 = >1,000,000 lbs.	item D: Total ibs./yr. discharged by plant 0 = 0 lbs. 1 = <11 lbs. 2 = 11-100 lbs. One 3 = 101-500 lbs. 4 = 501-1,000 lbs. 5 = 1,001-10,000 lbs. 6 = 10,001- 100,000 lbs. 7 = >100,000 lbs. (1.5)
	on Form II which discharge this of the second secon	
Check here it you want the information supplied (48, Section 6b of Act 293 and Rule 235(4).	in ITEM C to remain confident	ial as provided by
Number from Item A: Mailing Label Parameter No.	Item C: Total lbs./yr.  used in plant:  1 = <101 lbs.  2 = 101 - 1,000 lbs.  3 = 1,001 - 10,000 lbs.  4 = 19,001 -  100,000 lbs  5 = 100,001 -  1,000,000 lbs.  6 = >1,000,000 lbs.  (14)	Item D: Total lbs./yr.   discharged by plant     0 = 0 lbs.     1 = < 11 lbs.     Carple   2 = 11 - 100 lbs.     One   3 = 101 - 500 lbs.     4 - 501 - 1,000 lbs.     5 = 1,001 - 10,000 lbs.     6 = 10,001 - 100,000 lbs.     7 = > 100,000 lbs.     (15)
Item E: Indicate the numbers of the outfalls reported on the first of the outfalls reported on the first of the outfalls reported on the first of th	32 33 34 35 36 27 38 39 40	41 42 43 44 45 46 47

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

#### INSTRUCTIONS FOR FORM IV-A

MEN03220

Note - A separate section is required for each type of waste.

Enter the facility Identification Number from the upper left corner of the mailing label.

IFICM 4.— briefly describe the source and general characteristics of your hauled wastewate: — ample plating fine wastes containing nickel and chrome plus acid bath overflow.

ITEM B - Enter volume that accumulates in one week.

ITEM C - Enter removal frequency

ITEM D — Enter brief description of storage container. Example: Vented rubber lined 2000 gallon steel tank.

ITEM E - Describe overflow and spill containment if any. Example 3 foot earth dike 100 ft in circumferance

ITEM F — If applicable enter location.

ITEM G - Enter name and address.

#### **INSTRUCTIONS FOR FORM IV-B**

i) EM A—Copy the six digit code number from the upper left corner of the mailing label where indicated (leave blank if no code number appears on the mailing label). Next, enter your wastehauler license number in the box provided

ITEM C — If you use more than two sites to dispose of waste you may attach an additional sheet of paper with their addresses.

Mailing instructions: Fold the return mailing sheet (page 12) around all forms being returned. Be sure to write in your return address and laply sufficient postage. Staple and mail.

Fage 10

#### FORM IV-A - WAS: EWATER REMOVED BY WASTEHAULE!

See Instructions on Facing Page

MEN03221

Copy Code Number from Mailir g Label 71WL2 121/12 A. Describe the source and general nature of the liquid wastes you have hauled to another site \_\_\_\_ B Aproximately what volume of this waste accumulates in one week? C. How frequently is it removed? 4 Other 3 Monthly 1 X daily 2 weekly E. Do you have provisions for containing accidental spills or overflows of this material? |X|Yes If yes describe. F. If you dispose of this waste yourself, indicate the disposal site \_\_\_\_ G. If the waste is removed by someone other than yourself, give his name and address FORM IV-B — WASTEHAULERS REPORT FORM (To be completed by hauters of liquid wastes only) Copy Code Number "from Mailing Label License Number b. Do you own your own waste disposal site? No € Give the name of the owner and address of the site(s) where you dispose of the waste you haul D. On a separate sheet of paper prepare a list or names and addresses of commercial and industrial establishments where you picked up any wastewater during 1974. YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

Michigan Water Resources Commission

5544

Page 11

#### FORM IV-A — WASTEWATER REMOVED BY WASTEHAULERS

on Facing Page

		See Instructions
n Mailing Label	`	
Trianing Laber		
W 1 1 7 7/1-7		

MEN03222

## - HM IV-A -- WASTEWATER REMOVED BY WASTEHAULERS

MEN03223 See Instructions on Filting Page

Describe the source and general nature of the liquid wastes you have hauled to another side  Aproximately what volume of this waste accumulates in one week?		rom Mailing Labe.
Aproximately what volume of this waste accumulates in one week?	<u>'</u>	William !
Aproximately what volume of this waste accumulates in one week?	١.	Describe the source and general nature of the liquid wastes you have hauled to another site
How frequently is it removed?  1		
How frequently is it removed?  1		
Do you have provisions for containing accidental spills or overflows of the material? Yes No If yes describe.  If you dispose of this waste yourself, indicate the disposal site.  If the waste is removed by someone other than yourself, give his name and address.  FORM IV-B — WASTEHAULERS REPORT FORM  (To be completed by haulers of liquid wastes only)  Copy Code Number   Do you own your own waste disposal site?  Yes No  Give the name of the owner and address of the site(s) where you dispose of the waste you haulers approached by the state of the site of	•	Aproximately what volume of this waste accumulates in one week?
Do you have provisions for containing accidental spills or overflows of the material?   Yes   No   If yes describe.    If yes describe.   If you dispose of this waste yourself, indicate the disposal site.    If the waste is removed by someone other than yourself, give his name and address.    FORM IV-B — WASTEHAULERS REPORT FORM (To be completed by haulers of liquid wastes only)    Copy Code Number	•	How frequently is it removed?  1 aaily 2 weekly 3 Monthly 4 Other
If you dispose of this waste yourself, indicate the disposal site.  If the waste is removed by someone other than yourself, give his name and address.  FORM IV-B — WASTEHAULERS REPORT FORM  (To be completed by haulers of liquid wastes only)  Copy Code Number   License Number		escribe the storage container(s) you retain the wastes in
FORM IV-B — WASTEHAULERS REPORT FORM  (To be completed by haulers of liquid wastes only)  Copy Code Number from Mailing Laber  License Number  License Number  License Number  All License Number  Sive the name of the owner and address of the site(s) where you dispose of the waste you hau  On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up any wastewater during 1974.  YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS		material? Yes No
FORM IV-B — WASTEHAULERS REPORT FORM (To be completed by haulers of liquid wastes only)  Copy Code Number   License Number	;	f you dispose of this waste yourself, indicate the disposal site.
FORM IV-B — WASTEHAULERS REPORT FORM (To be completed by haulers of liquid wastes only)  Copy Code Number   License Number	1.1	f the westerie removed by appears other than yournotf give his name and address
(To be completed by haulers of liquid wastes only)  Copy Code Number Irom Mailing Labe!  License Number License	-	the waste is removed by someone other than yoursell, give his hand address.
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(To be completed by haulers of liquid wastes only)  Copy Code Number Irom Mailing Labe!  License Number License		
(To be completed by haulers of liquid wastes only)  Copy Code Number Irom Mailing Labe!  License Number License		
License Number  Do you own your own waste disposal site?  Yes No  Sive the name of the owner and address of the site(s) where you dispose of the waste you hau  On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up any wastewater during 1974.  YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS		
Do you own your own waste disposal site?  Yes No  Sive the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the owner and address of the site(s) where you dispose of the waste you have the name of the name of the youngle of the site of the youngle		
Yes No  Sive the name of the owner and address of the site(s) where you dispose of the waste you have  On a separate sheet of paper prepare a list of names and addresses of commercial and industrial stabilishments where you picked up any wastewater during 1974.  YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS	Γ	License Number
On a separate sheet of paper prepare a list of names and addresses of commercial and industrial establishments where you picked up any wastewater during 1974.  YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS	00	
YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS	31	ve the name of the owner and address of the site(s) where you dispose of the waste you haul.
YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS	_	
YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS		
		YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

MEN03224

## Michigan Water Resources Commission CRITICAL MATERIALS REGISTER Published October 1, 1974

	INCOCANIO MATERIALO	Parameter		Parameter
ı	INORGANIC MATERIALS	Number		Number
	Antimony	95000	Mercury	95006
	Arsenic	95001	Nickel	95007
	Cadmi <b>um</b>	95002	Selenium	95008
	Chromium -	95003	Silver	95009
	Copper	95004	Sulfices V	95015
	Cyanides	95014	Thallium	95010
	Lead	95005	Zinc _/	95012

;1	ORGANIC MATERIALS	Paramete: Number		Parameter Number
	Acridine	95017	Hexachlorobenzene (HCB)	95040
	Acrolein	<b>95</b> 018	Hexachlorobutadiene (HCBD)	95041
	Aldrin	<b>35</b> 067	Hydroquinone	95027
	Ammonia	95089	Isoprene	95059
	Amyl Acetate	95052	Lactonitrile	95028
	Anilines (incl. Benzidines)	95043	Mesity!ene	95060
	Benzaldehyde	95021	Mesityl Oxide	95029
	Benzene (Solvent)	95020	Napthol	95031
	Benzyl Bromide	<b>9</b> 5:J22	Naphmenic Acid	95032
	Beta propriolactore	95019	Nitrobenzenes	95047
	Butyl Alcohol	95053	Phenolic compounds	95048
	Butyraidehydes	95044	Phenanthrene	95035
	Butyric Acid	95054	Phthalates	95049
	Carbon Disulfide	95055	Picramates (nitro-phenols)	95063
	Calcunated Benzene Compounds	95045	Polychlorinated biphenyls (PCB's)	95039
	Crotonaldehyde	95056	Pyridines	95050
	Cumene	95057	Quincline	95036
	TCO	95068	Quinone	95037
	Dichloropropane	95C?3	Styrene	95061
	Dieldrin	95069	Tordon	95065
	Diethylbenzene	95024	Toxaphene	95072
	Endrin	95070	Vinyl Toluene	€5062
	Ethyl Acrylate	95058	Xylenes	95064
	Heptachlor	93071	2-25 T (and its formulations)	95066

n paiste		I — GENERAL I har which your company dise her's haine and address to c	cousiness If you have so't ,	10 2
1-	030019 MENASHA CORP PAPERBOARD DIV 320 FARMER ST	——————————————————————————————————————	W 1 2 3	ONLY
L_	DTSEGO	MI 49078	If any part of the minimum please use the space	uring label is incorrect up ow to correct it
· · · · · · · · · · · · · · · · · · ·			If you have sold the listed below please or	tusiness to the person
FLANT HAM LE	À=====================================			
3., ,,	CH BUX NOTHER	<del></del> -		
	5-A-1	E 7275		
Y 🖄 A	es in the space below triefly	describe your business then a paper mile, p possed of x:50	confiber and col	no medium of 36
and refer eave = 3 k		oriate standard industrity class	sification code in the box to	findne are applicable
to ers wash	ation of your business result in irooms letc.)? es Continue with question 4	the discharge of ANY wastew	ater uncluding cooling water	' san 'ary rewage from
в 🗀 м	Skip questions 4 thru 9, sig	n the report and see page "	2 for mailing instructions	
fourtains kit		aning wastes) and other sanit	cludes wastewater from to lets ary facilities which may produce ( astewater)	
A	S Continue with question 5		•	
. <b>Z</b> +o	Skip question 5 Continue w	ith question 6. You must co	mplete and attach Form II, pa	ge 7

the Tan Water Peshurces Commission

Yes Septic Tank

Yes Sanitary sewer

5555

(Note lagoons are not included in either of these categories)

If you marked either of the above skip questions 6 thru 8 sign the report, and see page 12 for mailing instructions

5. If ALL or your wastewater is sanitary sewage does in 50 to a septic tank or a municipal sanitary sewer?

No. Continue with question 6. You must complete Form II, page 7.

٠, ١٠٠٠

7 Programme with question process or work due or studge type waste material that is either Signature with question 8 You must no Continue with question 8	stored on site or disposed of	?
	weeks/year weeks/year weeks/year	
E 16 - 692 - 6141	Number of Employees	Federal Employer Williams Tax Account Number* 39 046 46 0
Thir account number will be available from your person	Signature  (ALC)  nnel or accounting department	2. Ka, o-
	FOR MAILING INSTRUCTIONS	•

 $Y_{E,s}$  Continue with question 7. You must complete and attach Form III, page 9.

## FORM II - WASTEWATER OUTFALL REPORT

21) 2 3

Cony Cude  from saving	Number gelatel hete: First	>103100+8 Sect.
OUTFALL IDENTIFICATION:	Outte	Cutfall
Cuttall Number as you Refer to it	10101/	10102
Monthly Operating Report (MOR) Outfall Number	اللنللا	النكلا
DISCHARGE TYPE: Water from the Outfull is Discharged to (Circle One On , for tach Outfull)  Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)  [Name of Receiving Water]	0	
Lagoon of Seepage Pond With No Outlets  Spray Irrigation  Septic Tank — Tile Field  Deep Well Disposal  Surface of Ground Other (describe)  Municipal Sanifacy Sewer (Name of Municipality)	2 3 4 5 6 7	2 3 4 5 6 7
VOLUME OF DISCHARGE Average Daily Flow (MGD) (Millions of Gallons per Day)  Mullimum Daily Flow (MGD)  Total Annual Flow (MGY) (Millions of Gallons per Year)  Flow is	0.1/1/4 0.13 2 0 4 / . / 5 Measured Estimated	101.18.74
	36"Conerete sewee pipe,	Small Aeratich Pous Out FALL, thru 8" steel pipe. Locoteo Lat. 42" 17" 46" Long. 85" 41" 42"
WRC USE ONLY BELOW		
First Outfall  Seco. d Outfall  DF  1  2  3		Dull c

## ORM II - WASTEWATER OUT ALL REPORT

Сор	v Code I	Number	0.3.00.13
• • • from	i maylind	label here	S=c(13
ALL MENTIFICATION:		First Cutfall	Suttali
The topic as you Refer to it		<u> 23</u> A	101318
** ** Operating Report (MOR) Outfall Number			
57-AGC_TYPE: Alter from the Olitfall's Discharged to (Circle One Olive)	oly for		
: : - Vizines (River, Stream, Drain, Storm Sewer, Lake etc.)			
(Name of Receiving Victor)			
. 1 1 or Seedage Pond With No Outlets		2	2
Sec. / Irrigation		3	3
் ஈழ் a Tank Tile Field		4	4
Te: Well Disposal		5	-
ffice of Glound		6	6
' · (describe)	-	7	7
(Name of Municipality)		8	8
- WE OF DISCHARGE			i
Average Darly Flow (MGD)		10. 2.36	
(At the soft Gallons per Day)		101-17135	151.19170
Maxim Daily Flow (MGD)		1101313121	17.13/5
Forst Alinus, Flow (MGY) (Miscralor Gallons per Year)		2161510131	12/15/5 ·
w \ &	,-u_	√⊠ Measured	₩ Measured
Flore is and and		☐ Estimated	☐ Estimated
PE OF WASTEWATER			!
% Process		1/010; %	<u> </u>
% Coaling		LLL1 %	1/1010 00
% anitary	1	LL	<u> </u>
A Currol Mest And to 100%	!		
The righton of Nastewater, Outfall Description and Location	j	HEROHION POND	Power house thru
The state of the state of the control of the control	Ė	uscharge thru	gooling water, thru
	ř	a steel by	LOPATED . Car
		Locate 0 AT. 42°27 48"	LAT. 42027 48
	ř	Long. 85°41'25"	Long. 85041 89"
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WRC USE ONLY BELOW			
First Outtall Second rutfall	DF	<u> </u>	
40 2	םנ!	الما هذه للا	oulc
3	Diff (	ISA	Date LisaL
DUIT CALL OUTFALLS MAKE COPIES OF THIS FORM OR PO	CQUEST A	ADDITIONAL FOR	<u> </u>
3558			- 
			<del>-</del>

Copy Code Number

## FURM II - WASTEWATER OUTFALL REPORT

	Copy Gode i	Number	1913101119
	from mailing	label horp:   First	Secuna
OUTFALL IDENTIFICATION:		<u>;</u>	Outfall
Outrall Number as you Refer to it		101014	
Monthly Operating Report (MOR) Outfall Number		<u>                                      </u>	
DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle Fach Outfall)	One Only for		
1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake et	c.)		1
KALAMAZOO KIUER (Name of Receiving Water)			
2 Lagoon or Seepage Pond With No Outlets		2	1 2
3 Spray irrigation		3	) a
4 Septic Tank — Tile Field	ļ	4	4
5 Drep Well Disposal		5	5
6 Surface of Ground		e	6
7 Other (describe)		7	7
8 Municipal Sanitary Sewer (Name of Municipality)		8	8
VOLUME OF DISCHARGE			
Average Daily Flow (MGD)	ļ		
(Mt lions of Gallons per Day)		0.101811	
• Maximum Daity Flow viGD)		101.13517	
Total Annual Flow (MGY)			
(Millions of Gallons per Year)	l	219:1214	
	j	Measured	☐ Measured
Flow is •		☐ Estimated	☐ Estimated
TYPE OF WASTEWATER		•	
	1		
• Process	]	<u> </u>	ا '%' ا
% Cooling		18101%	L111 %
% Sanitary		1111%	L11 %
EACH Outfail Must Add to 1999.	Ì		
		pump coouns	
Ford Description of Wastewater, Outfall Description and Location	F	IND ELEAN UP	
	P	VATER. 31 ft.	1
	)0	IN DOWNSTREAM	•
•		SIDE OF MILL	
		BANK	
WAC USE ONLY BELO	₩		
First Outfall Second Outfall	D.F. (		
G 2 40 2 3	D.U. [	c.m	р.и. Д с и. Ц
. ·	cin. L		Diff. LI LS.A.L
SOS ADDITIONAL OUTSALLS MANS CODISC OF THIS SORM	OR REQUEST		

# FORM III - CRITICAL MATERIALS REPORT

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Page 9

(See Instructions on Facing Page)

Ī		Copy Code Number from mailing label ha	>613101011191
Å	Name Critical Material Ammonia	Critical Material Parameter Number	2161614 1211 171
В	Froduction and Usage Report (Complete items below a If the material in Item A is purchased for use describe the one or more of the following.    formulated or resold without change   used in production process   used in non-production activity (pilot plant, mother (describe) Nurrical Fortuste 76   you manufacture the material in Item A mark one following.    manufactured for sale   produced for use as an intermediate or ingredien production process   produced as contaminant or by-product	aintenance etc.)  Control or more of the	1: Total lbs/yr produced or used  1 = < 11 lbs. 2 = 11—100 lbs 3 = 10!—500 lbs (** 4 = 501 - 1,000 lbs 5 = 1,001—10,000 lbs 7 = 100,000 lbs 7 = 100,000— 1 million lbs 5 > 1 million lbs
	other (describe)		Total ibs./yr discharged in wastewater  0=0 ibs. 1=< 11 ibs. 2=11—100 ibs.
	Scharge Report (mark one item below and C1)  None of the material in Item A is discharged in v (zero) in C1 then proceed to Item D.  The material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged to the material was or may have been discharged in v  The material was or may have been discharged to the material was or may have been discharged in v  The material was or may have been discharged to the material was or may have been discharged in v  The material was or may have been discharged to the material was or may have bee	vastewater. Circle 0	4= 3=101-500 lbs. 4=501-1 000 lbs. 5-1,001-10,000 lbs. 6=10,001-100,000 lbs. 7= > 100,000 lbs.
-با،	52: Indicate the numbers of the outfalls reported on F	form II which discharge this cr	tical material:
	@3.4 [ II  III		
3	Residuals Report (mark one item below and D1)  None of the material in Item A was contained treatment or Production Process Residual (sludgicarcle 0 (zero) D1.  The material was or may have been contained treatment or Production Process Residual. Contained and Form IV page 13.  **Topic Martin No. Topic No. Topic Martin No. Topic No. T	d in a wastewater e, residue etc.). d in a wastewater policie item C1	'4=101
£	Check here if you want the information supplied in a provided by Section 6b of Act 293 and Rule 353(4)	4).	AL FCRMS
···	Tar Water Ras Jumes Commission 5560		Page 0

FORM III - CR	ITICAL	MATERIALS	REPORT
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(See Instructions on Facing Page)

(3.8 / 15.5C 0 : 0 - ac	g Fage)	
)	Copy Code N from mailing	umbe:
Material ZINC	Critical Material Parameter Number _	الالداء: الما الا
of an and disage Report (Complete items below an material in Item A is purchased for use describe the name of the following formula ed or resold without change used in production process used in non-production activity (pilot plant male other (describe) in manufacture the material in Item A mark one of manufactured for sale produced for use as an intermediate or ingredien producing as contaminant or by product other (describe)	use by marking intenance etc.)	B1 Tota' bs yr produced or used  1 = < 11 lbs 2 11 -103 lbs 3 = 101 - 500 lbs  Circle 4 -21 - 1 000 lbs 6 - 10 001 100 000 lbs 7 - 100 000 - 1 million lbs  8 ≥ 1 million lbs  C1 Tota' lbs /yr discharged in wastewater 0 = 0 lbs
Peport mark one item below and C1) None of the material in Item A is discharged in witters in C1 then proceed to Item D. The material was or may have been dischargefuent. Complete Items C1 and C2.		1= < 11 lbs 2=11-10 lbs 2=11-10 lbs 3=101-500 lbs 0= 4=501-1000 lbs 6=10001- 100 000 lbs 7= > 100 000 lbs
Indicate the numbers of the outfalls reported on Fo	orm II which discharge	this critical material.
None of the material in Item A was contained treatment or Production Process Residual (sludge Circle 0 (zero) in D1.  The material was or multi have been contained treatment or Production Process Residual Comand Form of page 13.  **Two page 13** **Two pa	e, residue etc.)  I in a wastewater  iplete Item D1	D1 Total lbs/yr contained in residuals  0=0 lbs 1=< 11 lbc 2=11—100 lbs
or - here if you want the information supplied in IT crovided by Section 6b of Act 293 and Rule 353(4		identia:
FONAL OF TOAL MATERIALS MAKE COPIES OF THIS STANDARD, COMES OF THIS	ב בספיי ספ פיסטענפי ג	DD.T.: N.IL FUNNS Page 9

### FORM III - CRITICAL MATERIALS PEPORT

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(See Instructions on Facing Page)

		Copy Code Num: from mailing labor	cel here >0 3 0 01:9
:	Name Sedium Sulfide	Gritical Material Parameter Number	الع الديما القاراعا.
п · .	Production and Usage Report (Complete items below a if the material in Item A is purchased for use describe the conformation of the following.  I formulated or resold without change used in production process used in non-production activity (pilot plant, mother (describe)  If you manufacture the material in Item A mark one reliowing manufactured for sale produced for use as an intermediate or ingredict production process  Discharge Report (mark one item below and C1)	naintenance etc.)  or more of the ent in another on-site	8. Total lbs/yr produced or used  1 = 0.11 lbs 2 = 11 - 100 lbs 5 - 101 - 500 lbs  Come 4 = 501 - 1,000 lbs 6 = 10,001 - 100,000 lbs 7 = 100,000 - 1 minon lbs 8 = > 1 million lbs  C1 Total lbs/yr discharged in wastewater 0 = 0 lbs 1 = 0 lbs 2 = 11 - 100 lbs  C1 Total lbs/yr discharged in wastewater 0 = 0 lbs 1 = 0 lbs 2 = 11 - 100 lbs
	None of the material in Item A is discharged in (zero) in C1 then proceed to Item D  The material was or may have been discharged in effluent Complete Items C1 and C2.		3=101—500 lbs 5 4 551—1 000 lbs 1,001—10 000 lbs 6=10 001— 100 000 lbs 7= > 100 000 lbs
·	C2. Indicate the numbers of the outfails reported on	Form II which discharge th	's critical materiai:
	03.A		
C .	Residuals Report (mark one item below and D1)  None of the material in Item A was contained treatment or ProJuction Process Residual (sludge Circle 0 (zero) in D1.  The material was or may have been contained treatment or Production Process Residual. Command Form IV page 13.  Information No.	ge, residua etc.). ed in a wastewater implete Item D1	C: Total lbs 'yr  contained in residue's  0=0 lbs  i=< i: ios  2=11—100 lbs  c== 3=101—500 lbs  4=501—1.020 lbs  5=1,001—10 000 lbs  6=10 001—  100 000 lbs  7= > 100 000 lbs
	Check here if you want the information supplied in as provided by Section 6b of Act 293 and Rule 353		ntia!
<b>.</b>	THE ADDITIONAL OF TIME MATERIALS WILKE CORIES OF THE	S FLAN ON REQUEST ADD	Page 9

#### FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

Copy Code Number from mailing label here > 61310101/19 A. Name Critical Material PhonoL Critical Material B. Production and Usage Report (Complete items below and Item B1) If the material in Item A is purchased for use describe the use by marking B1 Total IDs/yr produced one or more of the following. or used formulated or resold without change 1 - < 11 lbs. 2=11-100 Ls. used in production process 3=101-500 ibs. Circle 4=501-1,000 lbs. used in non-production activity (pilot plant, maintenance etc.) other (describe) 5=1,001-10,000 lbs. 6=10.001-If you manufacture the material in Item A mark one or more of the 100,000 lbs following. 7=100.000-1 million lbs. manufactured for sale 8= > 1 million tos. produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product C1: Total lbs/yr. other (describe) discharged in wastewater 0=0 lbs. 1= < 11 lbs. 2=11-100 lbs. Discharge Report (mark one item below and C1) One 4=501—1,000 lbs. None of the material in Item A is discharged in wastewater. Circle 0 (5) 1,001—10,000 lbs. (zero) in C1 then proceed to Item D. 6=10.001-X The material was or may have been discharged in wastewater 100,000 lbs. effluent Complete Items C1 and C2. 7= > 100,000 lbs item C2: indicate the numbers of the outfalls reported on Form II which discharge this critical material: 103 A D. Residuals Report (mark one item below and D1) C1: Total lbs./yr None of the material in Item A was contained in a wastewater contained in residuals treatment or Production Process Residual (sludge, residue etc.). 0=0 lbs. 1-4 11 105 Circle 0 (zero) in D1. 2=11-100 lbs. The material was or may have been contained in a wastewater Circle 3=101--500 lbs treatment or Production Process Residual. Complete Item D1 4-501-1,000 lbs 5=1,001-10,000 lbs. and Form IV page 13. Information NOT AVAILABLE 6=10.001-100,000 lbs 7=> 100,000 lbs. Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4).

FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

Michigan Water Resources Commissio

#### FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

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Page 9

Copy Code Num. from mailing label the > 1013:010:/191 Critical Material Critical Material PhosphoRus Parameter Number \_ 10171213 1/14 101 Production and Usage Report (Complete items below and Item 84) of the material in Item A is purchased for use describe the use by marking B1 Total /bs/yr produced one or more of the following. or used formulated or resold without change 1=< 11 15s. 2=11-100 !bs used in production process 3=10:-500 lbs Circle 4=501-1,000 lbs used in non-production activity (pilot plant, maintenance etc.) other (describe) PURCHASED AS FERTILIZER - USE AS NUMEIENT IN 15 you manufacture the material in Item A mark one or more of the -1 001-10,000 ics 6 10,001-100,000 lbs following. 7 = 100 000-1 million lbs. manufactured for sale 8= > 1 million res. produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product C1: Total Ibs/w. other (describe) \_\_ discharged in waste-Lier 0-0 155 1= < 11 lbs. 2=11-100 lbs. Discharge Report (mark one item below and C1) S = 101--500 1bs None of the material in Item A is discharged in wastewater. Circle 0 4=501-1,000 155. ি∌1 001—10 00∂ ics (zero) in C1 then proceed to Item D. = 10 001-The material was or may have been discharged in wastewater 100 600 154 effluent. Complete items C1 and C2. 7= > 100 000 lbs - C2 Indicate the numbers of the cutfalls reported on Form II which discharge this critical material: D. Residuals Report (mark one item below, and D1) D1: Total lbs/yr None of the material in Item A was contained in a wastewater contained in residuals 0=0 fbs. treatment or Production Process Residual (sludge, residue etc.). 1=< 11 los Circle 0 (zero) ir D1. 2= 11-100 ibs  $\Box$ The material was or may have been contained in a waste-water 3 - 101-500 IDS trealment or Production Process Residual. Complete Item D1 4=501-1 000 cs 5=1,001-10.000 lps and Form IV page 13. INFORMATION NOT AUAILABIA 6=10.001-100.000 Its 7-> 100.000 ibs Crack here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4). CRIADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

#### FORM OV

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		50	1 2
RESIDUALS AND RESIDUES DISPOSAL (See instructions on facing		EPORT	3
	Copy Coste Number from Mailing Laber here _	-131010119	
	Wastewater Treatment Residuals	Production Process Residuals	
The Linysical state of the residue is best described as	t liquid 2 2 heavy sludge 5 3 wet solid 5 4 dry solid 6	1 liquid (2) Penn sudge (1) 2 wet so d (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
The guid portion of the residue is primarily	1 water	1 water 2	
The slave rapults from	1 process vastewate 2 sanitary Common sewage	1 chemical processing CI 2 food processing CI 3 marching CI 4 dust conception CI 5 paint bootes CI 5 p	
in the total annual volume or weight of the	26,521,000 gaions oc.nds	4 600 000 G ga lims  D pounds  D cu you	

spose of their aterial pourself indicate the type i shosal site

a public or private landfill(s) is used give the name(s) ್ವೈ ಚೀಡಗಿ(s) ` eparate list if necessary

+tu have the material removed by commercial waste the fuse hauler(s) give the name(s) and address(es). Tech separate list if necessar,

citate how the material is stored before disposal or .zmoval

ncinerated 6 cther (specify) (מייים הביים הביים PRIVATE LAND R.B. Moir FARM Allegan COUNTY 6972 W. BAUE. PLAINNELL, M.

1. metal drums fiber drums above ground . A underground tank stockpiled on ground 6 holdii g pond/ other (spec ty) BLAIRFIER

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Jwn land

	metal drums	
2	f ber drums	L.
3	above ground tank	₽′
4	underground tank	
5	stockpiled on ground	
6	holding pond/ lagoon	₽
7	other (specify)	ات

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4 shapagan of state

# MEN03236

1978

#### FORM ! - GENERAL INFORMATION

It separate report is required for each location at which your company does business. If you have sold your facilities this address please indicate the new owner's name and address below and return the form to us

, <u>, , , , , , , , , , , , , , , , , , </u>					Wh se ONLY						
	030019 MENASHA CORP PAPERBOARD DIV 320 FARNER ST OTSEGO	nI 49078		:	•			_		el is incompet to compete to comp	
s, a spe	MFANY				it if you h					o the pe	rson
in and s	AME OR ATTENTION OF										
**** * .	A LHE COOR BOX NUMBER			·							
٠.		-5*4*E	21P . 101				•				
¿ Pleas	e refer to page 5 and copy the a blank)		and see page 1	12 for mai	ling inst	ruction	75			. 45 C F	n
toilets	ne operation of your business res s washrooms etc.)? Xi Yes Continue with questio	·	e of ANY wastewa	ater (inclui	ding coo	ling wa	ater ar	nd sand	tary si	ewage tro	) <i>C</i> '
8 (	No Skip diestions 4 thru	3 sign the report	and see page 1	2 for mail	ling instr	าดเรือนา	s				
founts	L of your wastewater sanitary sitins, kitchens, laundries (except didoes NOT include cooling water	ry cleaning wastes!	and other sanita	ary facilitie	s which						na ry
<b>A</b> [	Yes Continue with question	5									
e <b>5</b>	No Skip question 5 Contir	ue with question	6 You mus: co	mplete ar	nd attach	Form	ı II, p	age 7.			
5 HALL	of your wastewater is sanitary se  Yes Septic Tank  Note  Yes Sanitary sewer	wage does i go to					6ı , 				
	If you marked either of the al				and see	page 1	12 for	ខាត់៤០ថ្ន	ınstı	uctions	

Yes Continue with question 7 You mile No Continue with question 7	· ·	-
יאיני the operation of your production process of residue or sludge type waste material that contain Yes Continue with question 8 You me	ins any critical materials listed on i	page 14 or 15?
4 Schedule of operation		
nours/day days/week hours/day days/week hours/day days/week	weeks year weeks year weeks year	
6 16 642 - 6141	Number of Employees 23	Federal Employer Winno'd r ; Tax Account Number: 3 4 646 4656
CARY E. TROYS  (CARY E. TROYS  (CARY E. TROYS	Signature	¿ Yaya
11 - 40 Don't Limber will be available from your person	<b>√</b>	7
SEE PAGE 1	12 FOR MAILING INSTRUCTIONS	

Copy Code from mailer	Number In label nere First Outfall	(  3  (   1   9  )
( mail Number as you Refer to it	61011	[0] व्यक्त
Minimaly aperating Report (MOR) Ou fall Number	1	<u>161310113141</u>
DISCHARGE TYPE Water from the Outfall is Discharged 1. (Circle One Only for		
Maters (River Stream Drain Storm Sewer Lake etc.)	(1)	(i)
KALAMAZEE AILER		
2 artist or Seepage Pond With No Outlets	2 3	2 '
y is lire tation	3	4
・ いいて Tank — Tile Field こっ NV U Disposal	5	5
Scrita in of Ground	6	6
of the ribs)	7	7
n Minico Saintary Sewer (Name 1 Minico) to	8	8
VOLUME OF DISCHARGE		
A. rage Lady Flow (MGD)		40
, (fire is of Gallous the Day	Placine!	161-14C11
Maximum Daily Flos (MSC)	1013121-11	10.128.14
Total An Jul Flow (MGY (M) ions of Galons per for	1214.14131	
Flow is	Measured [1] Estimated	Measure:
TYPE OF WASTEWATER		
°e Pricus	हागुरा ॰॰	KK11
% Caching	ाटाटा ॰॰	109191 .
e Sanitary	CICICI	احادادا ه
FA III Ourful L. Percentage Must Add to 100	vection water	SMALL HOLET CO
V. Description of Wastewater Outfall Discription and Eccation	cutfall through	this yn 5 Steel
	12:11:50, Lite.	42-7 46 6541 42"
WAC USE ONLY BELOW		
First Outrail Second Outrail DF		
2 40 2 50	[ ] CM	الله عللات
Diff	<u>-</u>	DIP LISAL

#### FORM II - WASTEWATER OUTFALL REPORT Copy Code No >1613010117 . here\_ from mailing lu First Second A OUTFALL IDENTIFICATION. Outfall Outfall 161613 1616141 Outfall Number as you Refer to it 03(1) 613101015151 Monthly Operating Report (MOR) Outfall Number B DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall) (1) Surface Waters (River Stream Drain Storm Sewer Lake etc.) KALHMAZEC KILLE (Name of Recogning Water) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank - Tile Field 5 Deep Well Disposal 6 Surface of Ground 6 7 Otnei (describe) 8 Municipal Sanitary Sewer (Name of Municipality) VOLUME OF DISCHARGE Average Daily Tiow (MGC) 10116136 100/17/8 (Millions of Gallons per Day) C1-145161 11.161214 Maximum Daily Flow (MGD) Total Annual Flow (MGY, 131/181/131 (Millions of Callons per Year) Measured Flow is ☐ Estimated Estimated [) TYPE OF WASTEWATER 1/6000 ر ر ر ه % Process [100] ° 1/16163 00 % Cooling 1049 % (CCO % ° Sanitary Heretica Pora Relando. it - wow EACH Outfall's Percentage Must Add to 100% dicin, scale 1 floor F Word Description of Wastewater Outfall Description and Location שנייוני Lot 42,07'48 41 41 77 48 WRC USE ONLY BELOW First Outfall Second Outfall DU LL CM LIDULICAL

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Michigan Water Resources Commission

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Page 7

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		om mailing	Fist	10/3/0/01/19 Second
4	OUTFALL IDENTIFICATION	•	Outfall	Outfall
	Cutfall Number as you Refor to it		101(12)	
	Monthly Operating Report (MOR) Outfall Number		134 (133)	
5	DISCHARGE TYPE: Water from the Outla'l is Discharged to (Circle One Each Outfall)	Only for		
	1 Surface Waters (River Stream Drain Storm Sewer Lake etc.)		<u>(</u> 1	1
	KALAMAZEE KILEK!			
	2 Lagoon or Seepage Pond With No Outlets		2	2
	3 Spray Irrigation 4 Septic Tank — Tile Field	į	3	3
	5 Deep Well Disposal	İ	5	5
	E Surface of Ground	į Į	6 7	6
•	7 Other (describe)	İ	/	'
	8 Municipal Sanitary Sewer (Name of Minispatty)	į	8	۴ ا
-	"OLUME OF DISCHARGE			1
	Average Daily Flow (MGD)			•
	(Millions of Gallons per $\underline{D}$ ).		[4] • [3] <u>5 [3]</u>	1
	Maximum Daily Flow (MGD)		11.1414161	
	Total Annual Flow (MOY)		141-17/1-1	,
	(Mulions of Gallons per Year)		M-asured	[] Measured
	Flow is		[] Estimated	L1 Estimated
5	TYPE OF WASTEWATER			· .
42	% Process		[c](15) °°	<u>                                   </u>
	°o Ccc ¬g	-	1,1-10,00	اللالا
	% Sanitary (# P Outfall's Percentage Must Add to 100%)		ادارادا ٥٠	
			without Conder	500
٤	rd Description of Wastewater, Outfall Description and Location		octing thater	
		14	21 Lulpip	1
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	WRC USE ONLY BELOW			
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<b>A</b> ,	tonyan Water Resources Johnniksion 5570			Page 7

Page 9

# FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing Paga)

Copy Cod umber from mailing label here  $\rightarrow$  [2] 31010119 Critical Material A. Name Critical Material BENZENE Parameter Number | CICIO17 /1 43 3 B Production and Usage Report (Complete items below and Item B1) If the material in Item A is purchased for use describe the use by marking B1 Total lbs/yr produced one or more of the following or used formulated or resold without change 1 < 11 ios 2 11-100 bs used in production process 3 101 -500 lbc Circle 4-501 1 000 ibs used in non-production activity (pilot plant, maintenance etc.) 5=1,001-10 000 lbs other (describe) 6 - 10 001-If you manufacture the material in Item A mark one or more of the 100 00C lbs following. 7 100 000-1 million lbs manufactured for sale 8 > 1 million lbs produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product C1 Total !bs /yr other (describe) discharged in wastewater 0 0 635 < 11 (b) (2) 11 - 100 lbs Discharge Report (mar', one item below and C1) 3 101- 700 -4-501-1 000 its () None of the material in Item A is discharged in wastewater. Circle 3 (zero) in C1 then proceed to Item D 6 10 001 --The material was or may have been discharged in wastewater 100 000 It-> 100 000 lbs effluent Complete Items C1 and C2 frem C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material Residuals Report (mark one item below and D1) D1 Total lbs/yr None of the material in Item A was contained in a wastewater contained in residual 0 0 05 treatment or Production Process Residual (sludge residue etc.) 1 < 11 lbs Circle (zero) in D1 , , 2 11—100 ib-The material was or may have been contained in or wastowater J- 101-- 500 155 treatment or Production Process Residual Complete Item D1 4\_501--1 000 lbs 5-77 001-10 000 lbs and Form IV page 13 6 = 10 001-100,000 lbs Information not available 7= > 100 000 159 Ε Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4) FOR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

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14 nigan Water Resources commission

FORM UI — CRITICAL MATERIALS REPORT (See Instructions on Facing Page)	1978 30 2 3
Copy Code Nur from mailing la	mber bel here > 23010119
Name Critical Material Critical Material Parameter Number	→ানু-াদ্বাহা চানা ারী
Production and Usage Report (Complete items below and Item 81)  If the material in Item A is purchased for use describe the use by marking one or more of the following.  [] formulated or resold without change [] used in production process [] used in non-production activity (pilot plant, maintenance etc.) [] other (describe)	B1: Total lbs/yr produced or used  1 = < 11 lbs 2 = 11 - 100 lbs. 3 = 101 - 500 lbs. Circle 4 = 501 - 1 000 lbs.  5 = 1,001 - 10,000 lbs. 6 = 10,001 - 1000 lbs 7 - 100,000 - 1 million lbs 8 > 1 million lbs
charge Report (mark one-item below and C1)  None of the material in Item A is discharged in wastewater. Circle 0 (zero) in C1 then proceed to Item D.  The material was or may have been discharged in wastewater effluent Complete Items C1 and C2.  C2 Indicate the numbers of the outfalls reported on Form II which discharge.	C1: Total lbs/yr.  discharged in wastewater  C, 0 lbs  C1 = < 11 lbs  2 = 11 - 100 lbs  Circle 3 - 101 - 500 lbs  One 4 501 - 1,000 lbs  5 - 1,001 - 10,000 lbs  6 10,001 - 100,000 lbs  7 = > 100,000 lbs  this critical material.
Residuals Report (mark one item below and D1)  None of the material in Item A was contained in a wastewater treatment or Product on Process Residual (sludge, residue etc.).  Circle 0 (zero) in D1.  The material was of may have been contained in a wastewater treatment or Production Process Residual. Complete Item D1 and Form IV page 13.	D1 Total ibs /yr contained in residuals 0 = 0 ibs 1 < 11 ibs 2 3 11 - 100 ibs 0n: 3 101 - 500 ibs 4 501 - 1,000 ibs 5 - 1,001 - 10,000 ibs 6 10,001 - 100,000 ibs 7 = > 100,000 ibs
•	, !

FUR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

Check here if you want the information supplied in ITEM B to remain contidential as provided by Section 6b of Act 293 and Rule 353(4).

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# FORM III - CRITICAL MATERIALS REPORT

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(See Instructions on Facing Page)

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Critical Material Parameter Number \_\_\_\_\_ |C|L|A|S|3 |O|L| |E|

Froduction and Usage Report (Complete items below and Item P1) the imprerial in Item A is purchased for use describe the use by marking or more of the following

> formulated or resold without change used in production process

used in non-production activity (pilot plant, maintenance etc.)

rou manufacture the material in Item A mark one or more of the J: 13

manufactured for sale

produced for use as an intermediate or ingredient in another on-site production process

produced as contaminant or by-product other describe)

haige Report (mark one item below and C1)

None of the material in Item A is discharged in wastewater. Circle 0 (Lefc in C1 than proceed to Item D

The majerial was or may have been discharged in wastewater effluer\* Complete Items C1 and C2

B1 Total los yr produced or used 1=< 11 lbs 2 11 - '50 lbs 3 101--500 lbs Circle 4-501-1 000 lbs 5-1001-19000 lbs 6 - 10 001 -100 000 lbs 7-100 000--1 million ibe

8 > 1 million lbs

C1 Tulai ibs/yr discharged in wastewater 0 0 lbs < 12 < 11 lbs 2 11-100 lbs Cia 3 101-500 lbs 4-501-1 000 lbs 5 1 001-10 000 (65 6-10 001-100 000 lbs 7 > 100 000 IL.

am C2 Indicate the numbers of the outfalls reported on Form II which discharge this critical material

Residuals Report (mark one item below and D1)

None of the material in Item A was contained in a wastewater treatment or Production Process Residual (sludge residue etc.) Circle 0 (zero) in 01

The material was or may have been contained in a wastewater treatment or Production Process Rehidual Complete Item D1 and Form IV page 13

D1 lota lbs/yr confaired in residuais 0 0 105 1-< 11 lbs 11-100 lbs Cre (3 + 101-500 lbs 4 501-1 000 lbs 5 100 -10000 lbs 6 10 001-100 000 lbs 7 > 100 C00 lbs

Check here if you want the information supplied in ITEM B to remain confidential as provided by Section 6b of Act 293 and Rule 353(4)

FCR ADDITIONAL CRITICAL MATERIALS MAKE COPIES OF THIS FORM OR REQUEST ADDITIONAL FORMS

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Page 11

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### FORM III - CRITICAL MATERIALS REPORT

(See instructions on Facing Page)

			Copy Co. from mailing	label here > 1010101/19
A	Name Critica! Material	CoppeR	Critical Material Parameter Number	→ 16,1412121 FTV1 [X]
8	If the material in Item A one or more of the following Item manufacture of the manufactur	resold without change uction process production activity (pilot in the Amale material in Item Amale coress contaminant or by-productions	plant maintenance etc)  In Letterater  The one or more of the  Ingredient in another on-site	B1 Total lbs'yr produc d or used  1 - < '1 lbs (2) 11100 lbs 3=101-500 lbs Circle 4-501-1 000 lbs 6-10 001 100 000 lbs 7=100 000 1 million lbs 8-> 1 million lbs  C1 Total lbs/yr discharged in wastewaler
	None of the m (zero) in C1 t  The material effluent Com	hen proceed to !'em D was or may have been plete Items C1 and C2	ged in wastewater Circle 0	0 0 (bs 1 - < 11   bs 2-11-100   bs  (3 \( \) 101-500   b 4 50'-1 000   bs 5 1 001 10 000   bs 6 10 00 100 000   bs 7 = > 100 000   bs
l'er	C2 Indicate the numb	eers of the outfalls report	ed on Form II which discharg	e this critical material
D	Residuals Report (mark None of the trea nent or P Circle 0 (zero)	roduction Process Residua i in D1 was of tha, no e teen c Production Process Resid	contained in a wastewater all (sludge residue etc.)	D1 Total ibs/y  Curtained in res 1/  0 0 lbs  1 < 11 lbs  2 i1-100 lbs  1 < 501-1 c00 lcs  5 100 i 10 (30 bu  6 100 cc  100 ccc lbs  7 > 100 000 lbs
E		vant the information supp ion 6b of Act 293 and Ri	lied in ITEM 3 to remain con ule 353(4)	fidential
	OR ADDITIONAL CRITICAL		S OF THIS FORM OR REQUEST A	ADDITIONAL FORMS Page 11

	Cony Code Nu from mailing li	abel here Ki31-k1/19!
Crical Material (KISELS	Critical Material Parameter Number	় বিন্দ্রাহাহ্য কিছা হয়
Production and Usage Report (Complete items		
the material in Item A is purchased for use de-	scribe the use by marking	B1 Total ibs/yr produced or used
ne compressed the following formulated or resold without change		1-< 11 lbs
L used in production process		2 11100 lbs 3 101500 lbs
used in non-production activity (pilot	plant, maintenance etc.)	C + 4-501-1 000 lbs
other (describe) יין <i>nanufacture</i> the material in Item A m	ark one or more of the	6 10 001— 100 000 lbs
Paking		7 100 000-
manufactured for sale	paradient is spetting an exte	1 million lbs 8 > 1 million lbs
produced for use as an intermediate or production process	ngredient in another on-site	
produced as contaminant or by-produ	uct	C/ L Taba Day ( )
other (describe)		Ci Total lbs/yr discharged in wastewater
		0 0 lbs
retracte Deport (mark one stam colour and C	1.	2 11-100 lbs
scharge Report (mark one item pelow and C None of the material in Item A is discha-		0° 4-501—1 000 lbs
(zero) in C1 then proceed to Item D	2.300 W W.IOW W.IOW O WOOD O	5 1 001—10 000 its 6 10 001—
The material was or may have been	discharged in wastewater	100 000 lt < 7 > 100 000 lbs
effluent Complete Items C1 and C2		
Indicate the numbers of the outfalls report	rted on Form II which discharge	this or tical material
7.73		
and the Committee of th		
siduals Report (mark one item below and D1  None of the material in Item A was		C1 Total lbs/yr confained in residuals
treatment or Production Process Residu		0-0 lbs
Circle 0 (zero) ii. D1		1-< 11 lbs 2 11100 lus
The material was or may have been treatment or Production Process Residue.		3-101-500 lbs 4-501-1 000 lbs
and Form IV page 13	dual Complete Reit D	5- , 001-10 000 lbs
		6 10 001— 100 000 lbs
	and the second	-7= > 100 000 lbs
- 171 farmation	TIC (16/4/61/8	•
		<del></del>
Check here if you want the information supp		iential
as provided by Section 6b of Act 293 and R	Rule 353(4)	i

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FORM III - CRITICAL MATERIALS REPORT (See Instructions on Facing Page)

				•	MEN
				Copy Code I from marting	
A	Name Critical	Mate.ia:	LEAD	Critical Material Parameter Number	্রালে <b>নাহা</b> ম ছাদা চ্রা
я	If the mone or	naterial in Item A is more of the follo- formulated or re used in produc- used in non-pro other (describe)	esold without change tion process eduction activity (pilot pia	nt, maintenance etc.)	B1 Total lbs/vr produced or used  1 = < 11 lbs  2 · 11 - 100 lbs  3 · 101 - 500 lbs  C · * 4 · 501 - 1,000 lbs  6 · 10 001 - 10000 lbs  100000 lbs
₹,	foliowin	manufactured for use production proc	e as an intermediate or ing	redient in another on-site	7=100,000- 1 million lbs 3 > 1 million lbs
C	U	other (describe) ge Report (mark c None of the mate (zero) in C1 the The material wa	ine item below and C1) erial in Item A is discharge in proceed to Item D. as or may have been di ite Items C1 and C2.		O1 Total lbs./yr discharged in wastewater  0 : 0 lbs 1 < 11 lbs 2: 11-100 lbs Cres 3 101-500 lbs Cre 3: 501-1000 lbs 5: 1001-10000 lbs 6 10.001- 100.000 lbs 7: > 100.000 lbs
- 11-5	n C2: Inc	dicate the number	s of the outfalls reported	on Form II which discharg	e this critical material:
	٠٠ و١				
D	flesidual	None of the ma treatment or Prod Circle 0 (zero) in The materia wa	s or may have been con duction Process Residua	sludge, residue etc.). ntained in a wastewater	D1: Total lbs /y/ contained in residuals  0 0 lbs 1 < 11 lbs 2 11 100 lb 3 101 500 lbs 4 501—1.000 lbs 5 1 701—1000 lbs 6 10.001— 100 000_lbs 7=> 100.000 lbs
Ē	E .	*	it the information supplie n 6b of Act 293 and Rule	d in ITEM B to remain cor 353(4).	ofidential
F	FOR ADDI	TIONAL CRITICAL N	IATERIALS MAKE COPIES C	F THIS FORM OR REQUEST	ADDITIONAL FORMS

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# FORM III -- CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

				Copy Coal 44	mber $\longrightarrow$ $1'1''11111''$
<i>;</i>	Name Critical	Material	Rickeury	Critical Material	→।दाराजागण ।टाञ्च ।८
Э	If the mone or	aterial in Item more of the formulated used in pro used in noi other (desc	or resold without change iduction process in-production activity (pilot plainte) the material in Item A mark	e the use by marking	B1 Total ibs yr produced or used  1 < 11 lbs 2 11100 ibs 3 101500 ibs Circle 4-5011000 ibs 5 1 00110 000 ibs 6 10 001 100 000 1 million ibs
•,	ן זון יי	production	s contaminant or by-product	redient in another on-site	8 > 1 million ibs  C1 Total ibs yr dis_harged in wastewater  0 0 ic_ 1 < 11 lbs
C	Discharg	None of the (zero) in C1 The materia	irk one item below and C1) material in Item A is discharge then proceed to Item D if was or may have been dis mplete Items C1 and C2		2 11 -100 lbs C" 3 101 500 lbs 1 501 1 000 lbs 1 101 10 000 lbs 1 100 001 100 000 lbs 7 > 100 000 lbs
-ten	n C2 Ind	icate the nur	nbers of the outfalls reported	on Form II which discharge	this critical material
	0,0	2			
D	Res dual	None of the treatment or Circle 0-(zer The materia	was or may have been con Froduction Process Residual	sludge, residue etc.) tained in a wastewater	D1_Total los yr côntained in residul 0 0 lbs (1=< 11 lbs 2-11-100 lbs 0 2 101 500 lbs 4 501-1 000 lbs 5 1 0 10 000 lbs 6 10 001- 100 000 lbs 7-> 100 000 lbs
	as pr	ovided by Se	want the information supplied ction 6b of Act 293 and Rule	353(4)	
		TIONAL CRITIC	AL MATERIALS MAKE COPIES O	F 1HIS FORM OR REQUEST AD $5577$	DITIONAL FORMS Page 11

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# FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing, Page)

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A	Name Critical	Material	Raphthalo.in.	Critical Material Parameter Number	>1 다다다시시 12 다 13 1 
я	one or	ateriai in Ite more of the formulate used in p used in r other (de nanufacture g. manufacture produced	e the material in Item A mark ured for sale for use as an intermediate or in	be the use by marking ant, maintenance etc.)  one or more of the	B1 Total lbs/yr produced or used  1 - < 11 lb; 2 11-100 los 3-101-500 lbs  - 4 501-1,000 lbs 5 1,001-10,000 lbs 6-10,001- 100,000 lbs 7+100,000- 1 million lbs B= > 1 million lbs
			n process as contaminant or by-product scribe)		C1 Total lbs/yr discharged in wastewater 0=0 lbs 1 < :1 lbs 2=11100 lbs
С	Discharg	None of the (zero) in (	mark one item below and C1) ne material in Item A is discharg C1 then proceed to Item D. rial was or may have been domplete Items C1 and C2.		Circle 3-101-500 lbs  One 7:501-1,000 lbs  5 1 001-10 000 lbs  6 10 001- 100,000 lb.  7 > 100 000 lbs
Irem	C2 Ind	licate the n	numbers of the outfalls reported	on Form II which discharge to	his critical material
	L.6	3			
	• .	None of t treatment Circle (z The mater treatment	nark one item below and D1) the material in Item A was co or Production Process Residual tero) in D1. rial was or may have been co or Production Process Residual IV. page 13.	(sludge, residue etc.). ntained in a wastewater n. Complete Item D1	D1 Total ibs 'yr contained in residual's 0=0 lbs 1 < 11 lbs 2=11100 lbs C-= 3-101-500 lbs 4-301-1000 lbs 5 :.001-10 000 lbs 6=10.001- 100 000 lbs 7-> 100 000 lbs
Ε			ou want the information supplies	ed in ITEM B to remain confide	ential
	00 4001	IONAL COST	HOLE MATERIAL C MAKE CODIES	OF THIS FORM OR REQUEST ADD	UTIONAL FORMS

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# FORM III - CRITICAL MATERIALS REPORT

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(Sea Instructions on Facing Page)

Æ	Nah e Critica	l Material	Prenel	Critical Material Parameter Numbe	· — > 1010/1019 1315 13
В	If the none or	material in Item A more of the formulated of used in produced in non- other (describer) manufacture that manufactured produced for production pi	r resold without change uction process production activity (pilot be) e material in Item A ma for sale use as an intermediate or rocess	plant maintenance etc.)  ark one or more of the ingredient in another on-site.	B1 Total lbs/yr produced or used  1 < 11 lbs 2 11—100 lbs 3 101—500 lbs 6 10 100 lbs 5 1 001—10 000 lbs 6=10 001 100 000 lbs 7 100 000— 1 million lbs 8 > 1 million lbs
С	D schar	other (describ ge Report (maii None of the m (zero) in C1 t	c one itcm below and Content of the later of		C1 Total lbs/y' discharged in wastewater 0 = 0 lbs 1 < 11 (0s) 2 11-100 lbs C
-e-	T C2 In	dicate the num	pers of the outfalls repor	ted on Form II which discha	7 > 100 000 lbs  rge this critical material
D	Residua	None of the treatm at or P Circle G (zero) The muterial treatment or I and Form IV	roduction Process Residu i in D1 was or may have been Production Process Resid	contained in a wastewater lal (sludge residue etc.)  Cufitained in a wastewater dual. Complete Item D1	D1 Total lbs 'yr contained in residums  U=0 lbs  1 = < 11 lbs  2 11-100 lbs  3 = 101-500 lbs  4 -501-10000 lbs  5 001-10000 lbs  6 10 001- 100 000 lbs  7 > 100 000 lbs
E			vant the information support 65 of Act 293 and R	olied in ITEM B to remain coule 353(4)	onfidential

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### FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

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A Name Critical	Material	e inc	Critical Material	ेां,ापारा, । । तात्र । ञ
It the m	naterial in Item A is, more of the follow formulated or re used in producti used in non-production other (describe) manufacture the manufactured for produced for use product on proces	ring sold without change on process fuction activity (pilot policition activity activity activity in the Amai sale as an intermediate or install as an intermediate or install sold activity.	plant maintenance etc)  iv., (  rk one or more of the  ngredient in another on-site	B1 Total lbs/yr produced or used 1 - < 11 lbs (2=11-100 lbs 3 101-500 lbs Circle 4 501 - 1 000 lbs 5 1,001-10 000 lbs 6 10 001- 100,000 lbs 7 100 000- 1 million lbs 8 > 1 million lbs  C1* Total lbs 'yr discharged ir wastewater 0 0 lbs 1
C Discharg	None of the mate (zero) in C1 then The material was	proceed to Item D	) rged in wastewater Circle 0 discharged in wastewater	1 < 11 ics 2 11 100 lbs C " 3 101- 500 lbs on 4 501-1 000 lbs 5=1 001-10 cc ics 6-10 001- 100 000 lbs 7 > 100 000 lbs
	dicate the numbers	of the outfalls report	ed on Form it which discharg	e this critical material
D Pesidual	None of the mat treatment or Prod Circle 0 (zero) in The material was	uction Process Residua D1 or may have been c luction Process Resid	contained in a wastewater al (sludge, residue etc.) Contained in a wastewater ual Complete Item D1	D1 Total lbs yr contained in residen  0 - 0 lbs  1 - < 11 lbs 2 - 11120 lc; 0ne
1 1	•	the information supp	lied in ITEM B to remain con ule 353(4).	fidential
	TIONAL CRITICAL M/	TERIALS MAKE COPIES	S OF THIS FORM OR REQUEST A	ADDITIONAL FORMS Page 11

#### FORM IV

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# RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Number from Mailing Label her

>1013010119

- Production Process Wastewater Treatment Residual Residuai
- 5. The physical state of the residue is best described as

to aguid portion of the residue is primarily

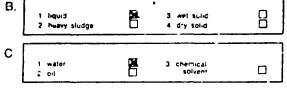
This residue results from

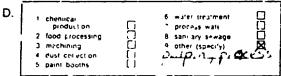
Estimate the total annual volume or weight of the الد الدراوس

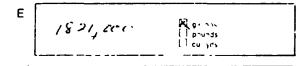
If you dispose of the material yourself indicate the type of d sposal site

- Gura public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary
- H if you have the material removed by commercial waste or refuse hauter(s) give the name(s) and address(es). Attach separate list if necessary

Indicate how the material is stored before disposal or '= Tova!









- 5 stockpited on ground 6 holding pard lagoon 7 other (specify) metal drums 占 fiber drums above ground tank 7 other (specify) underground tank
- J Paranister number(s) of critical material(s) present in residual: (P 14-15)

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FORM IV

### RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

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(see instructions on facing page)

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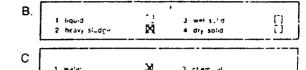
A Production Process
Residual

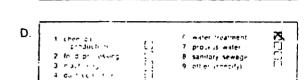
Wastewater Treatment Residual

 $^{\circ}$  The physical state of the residue is best described as

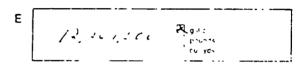
The liquid portion of the residue is primarily

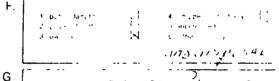
- in The residue results from
- $\xi=\xi_{ST}$  has the total annual volume or weight of the milterial
- Fig. 1, an inspess of the material yourself indicate the type of  $\sigma = -\omega^{\alpha}$  site
- G if a public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary
- Hill you have the material removed by commercial waste or refuse hauter(s) give the name(s) and address(es). Attach separate list if neck sary
- Indicate how the material is stored before disposal or tempilal

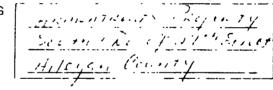




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1 met dran 2 der drum 3 abh eight 4 unier; hus		5 stiles, it in ground 6 holding and a ground 7 of er sixely N
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Parameter number(s) of critical material(s) present in residual. (P. 14-15)

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لا لنا لللنا،	بالبالليا

#### Addition to From IV, Section G

Tompkins property Cerner 108th and 26th St. Allegan County

Fisher property Corner of 108th and 26th ST. Allegan County

With property 108th Street Allegan County

# FORM III - CRITICAL MATERIALS REPORT

(See Instructions on Facing Page)

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						Copy Code I from mailing	Number	31011/	1
Á.	Name Critical I	Material	LEAD		Critica Param	al Material	<u> १८१२। १५८</u> ४।		
В	Item A	that you pro	duced o. used	per year. Enter	t of the material you in the following box ount of material.			•	
	if over	10,000 lbs. ir	ndicate to the n	earest 10,000 in	the following boxes	. LLLiL			1
C.	of the fi	ollowing.  ormulated or  sed in produ- sed in non-p ther (describ  anufacture t  continued for  nother con-sit  roduced as ( ther (describ  e Report—II  Enter in the  0,000 lbs. inc  e item below  one of the ri	resold without iction process roduction activities activities and in land activities are resoluted as an interial production process and interial including box the dicate to the resolution in laternal in latern	ty (pilot plant, neem A mark one mediate or ingreocess by-product ent of the material e code number to earest 10,000 in	al you named in Item in from Table A1 that conthe following boxes.	A that you disch		ib. is. ibs. ib ibs ibs. ibs.	•
<u> </u>	ef	fluent. Comp	lete Item C2.		on Form II which dis	abasa Abia asi	inal materials	<del></del>	
110		213 010		Strains reported to		l Lil	ical material.		
D):	Enter in 1	the following	box the code	number from Ta	you named in Item Able A1 that corresponds be following boxes.	A that was contained to that am	nined in residuals per ount of material.	er year.	•
	Mark one	item below				-	-		
	tre 🖾 Th	atment of Pr	oduction Proces	ss Residual (sluc	in a wastewater dge, residue etc.). I in a wastewater tre	earment or Proc	luction Process Re	sidual.	
(	non-consu correspon	imptive appli ds to that ar	cations (i.e. con nount of materi	tained in transfo al. L	t of the material yourmers etc.). Enter in				
İ	ıı over 10	,vou ids. inc	cale to the hea	rest rujucu in ti	ne following boxes.		-1-1-1-1		
F.		ck here if you and Rule 23		nation supplied in	TITEM 8 to remain co	onfidential as pro	ovided by Section 6t	o of Act	
_				IALS MAKE CO	PIES OF THIS FORM	OR REQUEST	_		
HIENIG	an Departme	ent of Natural R	esquices /	E 1-1 +	<i>55</i> 86		P	'age 11	

# FORM III - CRITICAL MATERIALS REPORT (See Instructions on Facing Page)

			Copy Code N from mailing	lumber lauel here <u>  013101</u>
A	Name Critical Material	Zinc	Critical Material	ेहान्। भेदान्। भेदान्।
8	Item A that you prod	e Report — Indicate the amount uced or used per year. Enter in that corresponds to that amount in that corresponds to that amount in the corresponds to the tame.	n the following box the code	
	If over 10,000 lbs. inc	dicate to the nearest 10,000 in	the following boxes	
D.	of the following.  formulated or used in product used in non-product used in non-product other (describe  following manufacture the following manufactured for another on-site produced for use another on-site produced as contained the following  Discharge Report — In per year. Enter in the fill over 10,000 lbs. ind  Mark one item below None of the mix The material we effluent Complet  for C2: Indicate the num  C1013  Residuals Report — Ind Enter in the following  None of the material was treatment or Product The material was Complete Form  Non-Consumptive Use non-consumptive applicatorresponds to that am	dicate the amount of the material box the code number from Tational to the material in Item A was contained by page 13  Report - Indicate the amount attons (i.e. contained in transfor	or more of the  dient in  i you named in Item A that you discharge Table A1 that corresponds to that the following boxes  in wastewater and in Which discharge this crit you named in Item A that was contable A1 that corresponds to that amole A1 that corresponds to that A1 that corresponds to that A1 that corresponds to that A1 that C1 that A1 that C1 that A1 that C1 that A1 that C1 that A1 that	ical material:  ined in residuals per year ount of material  uction Process Residual
F.	Check here if you 293 and Rule 235		ITEM B to remain confidential as pro	vided by Section 6b of A
	FOR ADDITIONAL COL	TICAL MATERIALS MAKE COD	DES DE TURE ENSMANDE DE CONTRET	ADDITIONAL FORMS

# FORM III — CRITICAL MATERIALS REPORT (See instructions on Facing Page)

_			0			from ma	ailing la	ibel here	13101
Α.	. Name Critici	al Material _	Copp	OER		Critical Material Parameter Numb	er	>1014/13/3	i edz
₿.	Item	A that you p	sage Report — In Iroduced or used e A1 that corres	per year Enter	in the following	g box the code			
	if ove	er 10,000 lbs.	indicate to the	nearest 10,000 ir	the following	boxes.		LLLI	
	of the	o following. formulated used in pro- used in noi- other (desci- manufacture ring manufacture produced fo- another on- produced a	or resold withous duction process n-production activities (and activities)	t change  vity (pilot plant, of the A mark one  streed are or ingresorocess by-product	maintenance et YST AT (NC) e or more of th	c) NE <u>RATOR</u>		TABLE A  0 = 0 lbs 1 = less than 2 = l - 10 lbs 3 - 11 100 ll 4 101 - 500 5 - 501 - 1000 6 = 1000 - 101 7 - over 10 00	1 lb bs lbs ) lbs 000 lbs
С	per ye	ar Enter in th		he code number	from Table A1 t	hat corresponds			
	Mark □	The materia	ow material in Item I was or may had mplete Item C2.	•			***		
Ite:	m C2: ՝	Indicate the	unmers of the	outlalls reported	on Form II whi	ch discharge this	s critica	il material.	
	٤	5.013 F				لللا للل			<u> </u>
	Enter i	n the followi		number from Ta	able A1 that co	Item A that was orresponds to that exes.			
1		ie item belo							
	<b>Z</b>	treatment or The material	material in Item Production Proce was or may have m IV page 13	ess Residual (slu	dge residue et		Produc	tion Process R	esidua
ſ	non-cor	sumptive app	se Report - Indi plications (i.e. co amount of mater	ntained in transfe	t of the mater ormers etc.) Er	rial you named nter in the followi	in Item ing box	A that was u	used i per tha
1	lf over	10,000 lbs. ir	ndicate to the ne	arest 10,000 in t	he fallowing bo	oxes	Ш.		
F. [	29	33 and Rule	235(4)		·····	nain confidential a			
4						FORM OR REQU	EST AL	DITIONAL FOR	
wichig.	ar Depar	tment of Natural	Hesources	ع ح	5589				rage

#### Addition to Form IV, Section G

Kenneth Crowell 602 26th St. Allegan, MI

Eldon Fisher 2565 108th Ave Allegan, MI

LeRoy Tompkins 2637 108th Ave: Allegan, MI

Bernith Whisler, Jr. 108th Ave. Allegan, MI

Woodrow Winn RFD 1 Allegan, MI

#### FORM IV

#### RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

(see instructions on facing page)

Copy Code Number

from Mailing Labe here \_\_\_\_\_

#### COMFLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

A.	Production Process Residual	Wastewater Treatment Residual	•	
В.	The physical state of the resi	due is best described as B.	1. liquid	
С	Parameter number(s) of critic	al material(s) present in residual:	2 heavy sludge X 4 cry solid	
	CICIAISIS 1011 7	باللاللالا	الانللا	
	८८भड़ड ०५ 7			
	CLASS OI 19			

- D. The liquid portion of the residue is primarily
- E. The residue results from
- F. Estimate the total annual volume or weight of the residue
- G. If you dispose of the residue yourself indicate the type of disposal site
- H. If a public or private landfill(s) is used give the name(s) and location(s). Attach separate list if necessary
- I. If you have the residue removed by commercial waste or refuse hauler(s) give the name(s) and address(es). Attach separate list if necessary.
- J. Indicate how the residue is stored before disposal or removal.

D.

G.

2 04 E.

1 water

- chemical production food processing machining

3 own land

- dust collection 5 paint bootes
- 141718121000
  - f public landfill
- 4. shippod but of state 6 Other (Specify) LAND DISFOSA

gallons
pounds
cu yds

water Ireulmen

sanitary sawage

other (specify)

7. process water

ARMINITOLITS PI

ŧ.	
	<del></del>

- - fiber drums above ground fank

CLARIFIE

MEN	03259
-----	-------

	Copy Code	Number ¶ _ \	6131010191
A	OUTFALL IDENTIFICATION:	Outlan	Seco.id Outfall
	Outfali Number as you Refer to It	010151	
	Monthly Operating Report (MOR) Outfall Number	613101013	للنا
8.	DISCHARGE TYPE: Water from the Outfali is Discharged to (Circle One Only for Each Outfall)	1	
	1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)  *** ** ** *** *** *** *** *** *** ***	0	1
	(Name /of Receiving Water)		
	Lagoon or Seepage Pond With No Outlets     Spray Irrigation	3	2 } 3
	4 Septic Tank — Tile Field	4	4
	5 Deep Well Disposal	5	5
	6. Surface of Ground 7. Otner (describe)	6 7	7
	8 Municipal Sanitary Sewer(Name of Municipality)	8	8
С	VOLUME OF DISCHARGE		•
	Average Daily Flow (MGD)	51.1319131	
	(Molions of Gallons per Day)		الململما
	Maximum Daily Flow (MGD)	121-1418181	
	Total Annual Flow (MGY)	1810181.191	
	(Millions of Gallons per Year)	A Measured	☐ Measured
	Flow is	☐ Estimated	☐ Estimated
<b>D</b> .	TYPE OF WASTEWATER		
	% Process	1000 %	₩ لِللِا
	% Cooling	Viola %	LLL % `
	% Sanitary	<b>민의 %</b>	L1 L1 %
	EACH Outfall's Percentage Must Add to 100%	TURBINELONE	riser
	Word Description of Wastewater, Outfall Description and Location	LocungWat	PP.
-	,	dischargent	rough
		GRINS HOLP	
		10+ 422748	
		" es/4 28 gras	,
	P'IR USE ONLY BELOW	, , , , , , , ,	1 1 1 1 1 1 1
40	First Outfall Second Outfall DF.		
40	2 3 D.U	[ C.M]	р.и с.ж
,	Dill.	LJ IS.A.	Diff. LJIS.AL

	de Number ling fabel Tiere	
A OUTFALL IDENTIFICATION:	First vitali	Second Outfall
Outfall Number as you Refer to it	1203	ातातम् 
Monthly Operating Report (MOR) Outfall Number	10.3101/121/1	। विश्वविद्यरा
B. DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)      Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)		
1. Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)  **ACPMAZOO RIVER**  (Name of Receiving Water)		
2. Lagcon or Seepaga Pond With No Outlets 3. Spray Irrigation	3	2 3
4 Septic Tank — Tile Field 5. Deep Well Disposal	4 5	4 5
Deep Well Disposal     Surface of Ground	5	5 6
7. Other (describe)	. 7	7
Municipal Sanitary Sewer	. 8	8
C. VOLUME OF DISCHARGE	_1	
Average Daily Flow (MGD)	101-15791/1	וצופוחונומו
(Millions of Gallons per Day)	01.501/1	101.1018131
Maximum Daily Flow (MGD)	01.1817161	101.145161
Total Annual Flow (MGY)	111000 161	
(Millions of Gallons per Year)	1/19/21-19	13181-12121
Flow is		Ø Measured ☐ Estimated
D. TYPE CF WASTEWATER		į.
	1 3000	1 21 41 01
% Process	N900 %	000 %
% Cooling	10101%	1/019%
% Sanitary	0000%	1010101%
EACH Outfall's Percentage Must Add to 100%		1 1 2 1 0 00 00 00 00 00 00 00 00 00 00 00 00
E. Word Description of Wastewater, Outfall Description and Location	Disclurge +hiral	Dealns, Seal and
	1 steel pipe	POWER HOUSE
	1 41027484	Located Lilay
	Loisy 8504/126"	Lay 85°41'24"
DNR USE ONLY BELOW		
First Outfall Second Outfall D.	.F. []	
$\begin{bmatrix} 40 & 1 \\ 40 & 2 \end{bmatrix}$		D.U C.M
	iff. LJ I.S.A.L.	Diff. LIS.A.L
FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUES	CT ADDITIONAL FOR	

20 <sup>1</sup> <sub>2</sub>

	from mailing OUTFALL IDENTIFICATION:	label here First Outfall	Second Outfall
~		نفعا	T
	Outfall Number as you Refer to it	19361/1318	10135011311
	Monthly Operating Report (MOR) Outfall Number	161361/101/1	1013101/1314
2.	DISCHARGE TYPE: Water from the Outfall is Discharged to (Circle One Only for Each Outfall)		
	1 Surface Waters (River, Stream, Drain, Storm Sewer, Lake etc.)		
	KALAMAZOO KIVER  (Name of Receiving Water)		
	2. Lagoon or Seepage Pond With No Outlets		
	3. Spray Irrigation	3	2 3
	4. Septic Tank — Tile Field	1 4	4
	5. Deep Well Disposal	5	5
	6. Surface of Ground	6	6
	7. Other (describe)	7	7
	8. Municipal Sanitary Sewer (Name of Municipality)	8	8
Ç.	VOLUME OF DISCHARGE		
	Average Daily Flow (MGD)	10 1010	101 121011/
	(Millions of Gallons per Day)	। বে । তাল্বহা	101.131214
	Maximum Daily Flow (MGD)	61922	101-15120
	Total Annual Flow (MGY) (Milions of Gallons per Year)	181-161/11	1/19181·16
	Flow is	Masured Estimated	Measured     □ Estimated
D.	TYPE OF WASTEWATER	<i>.</i> ≇** .	
	% Process	600%	10011 %
	% Cooling	10000	1013.91 %
	% Sanitary	<b>aa</b> a.	0100%
	EACH Outfall's Percentage Must Add to 100%	Cocenquater	Small Herotton
E.	Word Description of Wastewater, Outfall Description and Location	ourfall thirty	Fend Outfall thiou
		31. Concrete soure	Locuted
		pipe. Locario	CAF43027'46"
		icm 85°41'46"	long 85° 41° 42°
	DNR USE ONLY BELOW		
		, , , , , , , , ,	111111
	First Cutfall Second Outtall DF.		
40	2 3 D.U.		D.U C.M
	Diff.	LJ I.S.ALJ	Diff. LI.S.AL
	FOR ADDITIONAL OUTFALLS MAKE COPIES OF THIS FORM OR REQUEST	ADDITIONAL FOR	46

# FORM I - GENERAL INFORMATION

A separate report is required for each location at which your company does business. If you have sold your facilities at the given address please indicate the new owner's name and address below and return the form to us.

10 2

Page 3

Federal Employees Identification No.    3   9   0   0   0   0   8   0    If any part of the mailing tabel is incorrect please use the	DNP ONLY				
pace below to correct it.  you have sold the business to the person listed below lease check here   ###E C COMPANY  ***  **  **  **  **  **  **  **  **		ch this form is mailed indica	is different than the location of the form is mailed indicate the address below.		
MILE C. CONPANY	- Plant Name	··· -			
PLANT NAME OR ATTENTION OF	Address	<del></del>	<del></del>		
STREET ADDRESS OR BOX NUMBER	City & State				
STATE ZIP COL	Zip Code				
Please refer to page 5 and copy the appropriate standard industrial the box below (if none are applicable leave blank).  2,6,0,0  Please refer to the facing page for the appropriate standard county county code number in the box below that corresponds to the county	ode number. Enter the	030019 MENASTA CUR PAPEREGARO 320 FARMER CTSEGO			
which this booklet applies is located.	,	ST P			
Did the operation of your business result in the discharge of ANY will cooling water and sanitary sewage from toilets, washrooms, etc.  A.   Yes Continue with question 5.	•	MI 45078			
B	ge 10 for mailing				

5	5 Is ALL of your wastewater sanitary sewage? (Note: Sen rary sewage includes wastewater from toilets, washrooms, drinking fountains, kitchens and other sanitary facilities which may proc						MEN03263		
	A. 🛛	Yes. Custinuo with question	<b>A</b> ,			4		•	•
	B. 🔯	No. skip question 6. Continu Form II, page 7.	n with question )	7. You must co	omplete and a	แว			
€.	H ALL	J Yes, Sanitary sewer  If you marked either of the	e: lagoons are nut above skip ques	t included in eit stions 7 thru 9,	her of these ca	tegories	)	e 10 for maili	rig instructi
		J No. Continue with question	7. You must cor	mplete Form II	, page 7.				
7.	Do you	use or discharge to the best of Yes. Continue with question No. Continue with question	8. You must car				on page	s 14 or 15?	
		e operation of your production or sludge type waste material Yes. Continue with question No. Continue with question	hat contains any 9. <b>You must c</b> om	critical materia	als listed on p	age 14	or 15?	ks) result in a	residual,
	24	hours/day days/w hours/day days/w hours/day days/w	eek 1	weeks/year weeks/year weeks/year					-
Phone	Number	692-6141		Number of Em	ployees 230			-	
Name GA	and Title	of Person Completing Report (please E. Roy S Chemist & Grou		Signature	Jary 7	9.	Roy	10	-
This	accour	number will be available from y	our personnel or a	accounting dep	artment	<del></del>	0		<del></del>

SEE PAGE 10 FOR MAILING INSTRUCTIONS

### FORM I GENERAL INFORMATION

MEN03264

1981 10

• SEE INSTRUCTIONS ON PAGE 3
DC NOT DUPLICATE 1980 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1981. ENTER ONLY
CORRECTIONS OR ADDITIONS.

Α.	FACILITY	NUN	NEFH				030017
		DNR	USE	UNL	Y - AC	TION	
				<del>~</del> –	Priste	New	Change
init	າລໂ			ı	1	2	3

CORRECTION	ons or additio	initial	1 2 3.		
SEPARATE REPORT IS REQU				ES BUSINESS.	
Skip questions 3 t	thru 12, sign the rew briefly describe and paper Conposed	report, and see page your business then compile. Production of non-Sulfu	19 for mailing instruct	Michigan during any part of 19 ions  dimedium of 26 # a mical wood fiber	
Ma. 19 Address:  MENASHA CORP			•	is different than the location of form is mailed indicate the addi- below	
PAPERBOARD DI 320 FARMER SI OTSEGO		49078	Plant Name		
It any part of the mailing		ect please	Address		
tripests incorrect line(s) only triput have sold the busing low please check here		listed be-	City & State		-
Nr =e of Company	<u></u>	<u></u>	-1-4		
Port Location Attn	1 11:	!	1 1		
Street Address or P.O. Box			-1	لتعتبيه فاستطلب	_ }
Cit		1-1-1-1-1-	Sta	te Zip . Li	'
1380 MO	NITORING YEAR	_	1981	MONITORING YEAR	
he pricted information is urrently fing but the form. Enter new			Report data for t	ne 1981 calendar year c y data	ıf 
EPA (dentification Number (n. available)		*	M.1-D	0.0610127105	
Federal Employer's Withholdii Tax Acc't. Number	ng 	390464580	:		
Standard Industrial Classification Code (see page	4)	2600			
County of plant location (see page 2)		03		<u></u> ;	
	COMPLI	TE REVERSE SIDE  - DNR USE ONLY			<del></del>
<u> </u>				·	$\dashv$
S BFA G R I	PIP S. Sewer	030057 yr 80			.;

5397

R 4082 :

FORM II
WASTEWATER OUTFALL REPORT

SEE INSTRUCTIONS ON PAGE 7 DO NOT DUPLICATE 1980 COMPUTER	A. FACILITY NUMBER - C3001	9	
PRINTED INFORMATION IF CORRECT	DNR USE ONLY - ACTION		
FOR 1981, ENTER ONLY	OK le'e New Change		
CORRECTIONS OR ADDITIONS.		з 🔲	
	B. OUTFALL NUMBER AS YOU		
	REFER TO IT	5	
	C. MONTHLY OPFRATING		
	REPORT NUMBER	3	
1980 MONITORING YEAR	1981 MONITORING YEAR		
	Report data for the 1981 calendar year. If the		
arrived information is currently on our files. Use the data as reference	outfall was never used during 1981 and is permanently		
ng out the form. Enter new or changed data at right.	discontinued, check this box—		
OUTFALL LOCATION			
Township Runge, and Section	T R. S S	Decha	
Number (if available), give .ard description of wastewater.	Turpine Condenser Coolingwaters through a 21' Steel pipe. Located	, , , , , , , , ,	
uma' and location at right	Lat. 43°21' 48", Long. 85° 41'22"		
SCHARGE TYPE			
Surface Waters (river, stream, drain, storm sewer,	1/1		
ske etc., give name of receiving water at right)			
Lagoon or Seepage Poild With No Outlets			
3 Spray Imgation			
Septic Tank - Tile Field  Deep Well Disposal			
Surface of Ground			
Other (describe at right)	Kalamazoc River		
in cipal Sanitary Sewer (give name of municipality at right)		-	
ME OF DISCHARGE	Measur	red X	
Je Daly Flow 3.7860	Measur 16 1 18 19 Estimat	ted 🔲	
. co Gaions per Day)	-		
*:/ Can Daily Flow	<u> </u>		
and the second s	12256.4000		
inon Galions per Year)	1		
YEE OF WASTEWATER (each outfall must add to 100%)			
2-ocess	L_L% (Do not	entar	
	decimal		
Nuncentest Cooling 100	fraction)		
Sinitary Sewage			
COR ADDITIONAL CHITEALLE CORV. ADDITIONAL FORMS	EDOM BACE O DE INSTRUCTION DOCUMENT		
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET			
DNR USE ONLY			
		-	
3°2 DU C2 CM Y Diff. 7 ISA: Y		LJ (	
1 I - PARAMETER REPORT LEVEL 40		==	
2 3d			
	OK 03005?	11	
		- 1	
		İ	
	<u> </u>	[	
5598 R 4888-5			

### MEN03266

## FORM II M WASTEWATER OUTFALL REPORT

SEE INSTRUCTIONS ON PAGE 7	A. PACILITY NUMBER C30019
DO NOT DUPLICATE 1980 COMPUTER	DNH USE ONLY - ACTION
PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY	OK Delete New Change
CORRECTIONS OR ADDITIONS.	initial 1. 2 3
CONFECTIONS ON ADDITIONS.	B. OUTFALL NUMBER AS YOU
	REFER TO IT 0:4
	C. MONTHLY OPERATING
	REPORT NUMBER C30055
1980 MONITORING YEAR	T 1981 MONITORING YEAR
	Report data for the 1981 calendar year. If this
The printed information is currently on our files. Use the data as reference if filing out the foilin. Enter new or changed data at right.	outfall was never used during 1981 and is permanently discontinued, check this box——
O OUTFALL LOCATION:	addonamedo, oncor um. son sel
Tovznship, Range, and Section	7-1   A-1     S-1
Number (if available); give	Boiler blowdown, rect drains, seal and flood drain water from lower house. Located
word description of wastewater,	drain water from Fower house Located
outfall and location at right	Lat. 42°, 25"48", Long 85" 41' 24"
DISCHARGE TYPE:	, and the second
Surface Waters (river, stream, drain, storm sewer,	. L.J
lake, etc.; give name of receiving water at right)	
2. Lagoon or Seepage Pond With No Outlets	
3. Spray Irrigation 4. Section Task — Tito Field	
4. Septic Tank - Tite Field 5. Deep Well Disposal	
6. Surface of Ground	
7. Other (describe at right)	Kalamazoo River
8. Municipal Sanitary Sewer (give name of municipality at 19ht)	
VOLUME OF DISCHARGE	Measured X
Average Daily Flow	1 10: 017./10: Estimated
(Affion Gallons per Day)	
Maximum Daily Flow	1.6.8.0
(Million Gallons per Day)	
Total Annual Flow (Million Gallons per Year)	125.4000
TYPE OF WASTEWATER (each outfall must add to 100%)	
°; Process	L_1 1 % (Do not enter
	decimal or
5 Noncontact Cooling	4.9 6 fraction
- No.	2"
% Sanitary Sewage	<u>ili</u> %
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FR	ROM PAGE 9 OF IT STRUCTION ROOKLET
DNR USE ONLY	
D.F.: 3 C2 D.U.: C2 C.M.: N Diff.: 7 I.S.A.: Y	
FORM II - PARAMETER REPORT LEVEL 40	
1 2 26 38	OK 1. 2. 3. C30015
5599	R 4898-5

SEE INSTRUCTIONS ON PAGE 7 DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS ON ADDITIONS	A FACILITY NUMBER  C 300 '  LINK USE ONLY - ACTION  OK Delete New  Initial  B. OUTFALL NUMBER AS YOU  REFER TO IT  C. MONTHLY OPERATING  REPORT NUMBER  C 301 '
1980 MONITORING YEAR	1981 MONITORING YEAR
The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right	Report data for the 1981 calendar year outfall was never used during 1981 and is per discontinued check this box
D OUTFALL LOCATION.	
Township, Range, and Section  Number (if available); give  word description of wastewater,	Small recortion pondoutfall. Thro. 8" Steel pipe, Located
outfall and location at right	La+ 42°, 07' 46", Long, 85°41'42
E DISCHARGE TYPE.  1 Surface Waters (nver, stream, drain, storm sewer, lake, etc., give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3 Spray Irrigation	'l
4 Septic Tank Tile Field 5 Deep We'l Disposal 6 Surface of Ground 7 Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right)	Kalamazoo River
F VOLUME OF DISCHARGE Average Daily Flow  (Million Gallons per Day)	
Maximum Daily Flow  (Million Gallons per Day)	_ 0.56000
Total Annual Flow 121.5000	130,5600
G TYPE OF WASTEWATER (each outfall must add to 100%)  S Process 1	٠ ١٥ % د ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
S Noncontact Cooling 99	1 b
as Sanitary Sewage	c <sub>0</sub>
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FI	ROM PAGE 9 OF INSTRUCTION BOOKLET
DNR USE ONLY	
DF 3°2 DU., C2 CM.; N Diff.; 7 ISA, Y	
FORM II - PARAMETER REPORT LEVEL 40 14 2 26 27 52	OK 1 2 3 C 03015
	الليا ليا للاا للاا
	) <u></u>

		<del></del>
SEE INSTRUCTIONS ON PAGE ?	A. FACILITY NUMBER	030019
DO NOT DUPLICATE 1980 COMPUTER	DAME NOT ONLY ACT	
PRINTED INFORMATION IF CORRECT	DNR USC ONLY - AC	
FOR 1981. ENTER UNLY	Initial 1.	New Change
CORRECTIONS OR ADDITIONS	B. OUTFALL NUMBER AS YOU	<u></u>
	REFER TO IT	- oc1
	C. MONTHLY OPERATING	
	REPORT NUMBER	30138
	T	
1980 MONITORING YEAR	1981 MONITORING YE	
The crinted information is currently on our files. Use the data as reference	Report data for the 1981 calend outfall was never used during 1981 at	
' ng out the form. Enter new or changed data at right.	discontinued, check this box	·
OUTFALL LOCATION:		~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
Township, Range, and Section	7. 1 1 9-1 1 5 1	
Number (if available); give	Cooking water outfail to Concrete Sewer pipe.	irough 36"
word description of wastawater,	concrete sewer pipe. L	ocare a
cutfall and location at right  E DISCHARGE TYPE:	LAT 42°27' 45" Long.	82-41.40
1 Curing Matery from strong design storm square		
lake, etc. give name of receiving water at right)	l	
2. Lagoon or Seepage Pond With No Outlets		
3 Spray Irrigation		
4. Septic Tank - Tile Field		
5. Deep Well Disposal		
6. Surface of Ground	3 1/12 3 3 5	
7 Other (describe at right)	* Kalamazoo Riv	e r
8. Municipal Sanitary Sewer (give name of municipality at right)		
WOLUME OF DISCHARGE	130	Measured 🎇
Average Daily Flovi Million Gallons per Day)	111.2350	Esta rated :
	5.710	
Vision Gallons per Day)	_	
	<u> </u>	600
Total Annual Flow Milion Gallons per Year)  26.6500	.ن. ♦ يخليفند لا يا سنت	
3 TYPE OF WASTEVVATER (each outfall must add to 100%)		
'3 Process	<u>i       %</u>	(Do not enter
		decimal or
Fo Noncontact Cooling 133	<u></u>	fraction)
Sanitary Sewage	1 _1 _1 %	
TOP ADDITIONAL OUTTALE CONTRACT TO THE TOP ADDITIONAL FORM	2014 24.05 2 25 25 25 25 25 25 25 25 25 25 25 25	
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FR	ROM PAGE 9 OF INSTRUCTION BOOK	.ET
DNR USE ONLY		
DF.: 3(2 D.U.: C2 CM:N Diff.: 7 I.S.A.: Y		
FORM II - PARAMETER REPORT LEVEL 40		
?	OK 1. 2. 3.	32215
	()K	30138
	<u> </u>	
لللا لللا لللا لنبا لنبل	<u> </u>	i
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	<u>:                                    </u>	

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SEE INSTRUCTIONS ON PAGE 7 DO NOT DUPYCATE 1980_COMPUTER	A. FACILITY NUMBER	030019
PRINTED INFORMATION IF CORRECT	DNR USE ONLY - ACTION	
FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.	Initial Delete	New Change 2. 3.
	B. OUTFALL NUMBER AS YOU	
	REFER TO IT	003
	C. MONTHLY OPERATING	
	REPORT NUMBER	036171
1980 MONITORING YEAR	1981 MONITORING Y	EAR
	Report data for the 1981 calen	
The printed information is currently on our files. Use the data as reference	outfall was never used during 1981	and is permanently
n filing out the form. Enter new or changed data at right.  (i) OUTFALL LOCATION:	discontinued, check this box——	<del></del>
Township, Range, and Section	7.1 1 1 10 1 1 1 15.1	1 1
Number (if available); give	Acration Pond discharge =	through a
April description of wastewater,	214 Steel pipe. Located	- 0 - 1 - 1
susfall and location at right	Lat. 420 27 48", Long 5:	5-41-26"
DISCHARGE TYPE:  1 Surface Waters (river, stream, drain, storm sewer,		
lake, etc.; give name of receiving water at right)		
2. Lagoon or Seepage Pond With No Outlets	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- 3° Spray Irrigation		
4. Septic Tank - Tile Field	1	
5. Deap Well Disposal :		
Surface of Ground	Kalama Zoo Ri	. 0
7. Other (describe at right)	Lalama 700 KI	ver
Municipal Sanitary Sewer (give name of municipality at right)     VOLUME OF DISCHARGE		
Average Daily Flow	<u> </u>	Meas ed Z
Million Gallons per Day)	4	
Vax.mum Daily Flow 9203	17.60is	2 .
Nº Ilion Gallons per Day)	1174.6	
(Million Gallons per Year)	<u> </u>	2:0 2:0
G TYPE OF WASTEWATER (each outfall must add to 100%)		
-> Process 105	<u> </u>	(Do not enter
		decimal or fraction)
% Noncontact Cooling	<u>'                                    </u>	maction,
3 Sanitary Sewage	% ناسل ۱	
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FI	ROM PAGE 9 OF INSTRUCTION BOOK	LET
DNR USE ONLY		<del></del>
		<del></del>
DF 3°2 D.U.: C2 C.M.: N Diff.: 7 1S.A.: Y		ا لنا لا
FORM II - PARAMETER REPORT LEVEL 40		
14 2 76 27 50 52		30015
	<u> </u>	LI
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والمراجع والم	602	R 4888-5
, <b>J</b> (	(100	

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SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT	A. FACILITY NUMBER 0300
FOR 1981, ENTER ONLY	MYR USE ONLY - ACTION
CORRECTIONS OR ADDITIONS.	Initial OK Delete New Chin
B CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL PAJAMETER NUMBER - CLASSO!
COPPER	(Page 12-13)
If the material in Item B is purchased for use describe the use by more of the following  formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc., non-consumptive use µ e PCB's contained in transformers, or	}
l describe)	TABLE AT
If you manufacture the material in Item B mark one or more of manufactured for sale  produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product other (describe)	3 11 100 lhs 4 = 101 500 lbs 5 501 - 1000 lbs 6 = 1001 10 000 lbs 7 = over 10 000 lbs
1980 MONITORING YEAR	1981 MONITORING YEAR
The printed information is currently on our files. Use the data as referent in fing out the form. Enter new or changed data at right.  E. Amount of Item B. <u>Used</u> or <u>Vanufactured</u> Per Year.	and is permanently discontinued, check the box
See Table A1 for code number) Over 10 000 1 bs/Yr, Indicate Amount to Nea est 10,000 Lbs	L
F Amount of Item B that was or may have been	
5 ·	5, commonts
See Table A1 for code number)  Over 10 000 Lbs/Yr Indicate  Amount to Nearest 10,000 Lbs	>, `crimi into
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in 003 degreesing ord according to amount of Critical Material discharged)	0.05
Amount of Item B that was or may have been Contained in Residuals Per Year  "See Table A1 for code number)  If Over 10.000 Lbs/Yr, Indicate  Amount to Nearest 10 000 Lbs  (If > 0 Submit Form IV)	4
1 Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b	

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOK! ET

of Act 293 And Rule 235(1)

MENASHA CORP

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1981. ENTER ONLY CORRECTIONS OR ADDITIONS.

another on-site production process

produced as contaminant or by-product

other (describe) \_\_\_\_

DO NOT DUPLICATE 1980 COMPUTER PRINTED INFORMATION IF CORRECT	A. FACILITY NUMBER -	030019
FOR 1981. ENTER ONLY	DNR USE U	NLY - ACTION
CORRECTIONS OR ADDITIONS.	Initial	K Delete New Change 1. 2 3
CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL PARAMETER NUMBE	R — CLASSU19
LEAD	(Page 12-13)	
If the material in Item B is purchased for use describe the use more of the following.  formulated or resold without change	e by marking one or	MEN03271
used in production process		·
used in non-production activity (pilot plant, maintenance e	•	<del></del>
non-consumptive use (i.e. PCB's contained in transformers other (describe)	s, capacitors, etc.)	TABLE A1
If you manufacture the material in Item 3 mark one or more manufactured for sale produced for use as an intermediate or ingredient in another on-site production process.	of the fullowing	0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1000 lbs. 6 = 1001 - 1000 lbs.

= over 10,000 lbs.

!		***
_	1980 MONITORING YEAR	1981 MONITORING YEAR Report data for the 1931 calendar year. If this critical
	and the state of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,	e printed information is currently on our files. Use the data as refere	and is permanently discontinued, check this box—
	filling out the form. Enter new or changed data at right	and is permanently discontinued, theta this box
=-		
	Manufactured Per Year	<u>ا</u>
	(See Table A1 for code number)	
	If Over 10,000 Lbs/Yr, Indicate	
	Amount to Nearest 10,000 Lbs.	
••	Amount of Item B that was or may have been	Incidental Trace
	Olgoficinged in Wastewater Per Year 5	O Contaminants
	(See Table A1 for code number)	• .
	If Over 10,000 Lbs/Yr, Indicate	
	Amount to Nearest 10,000 Lbs.	
	Outfall Numbers Reported on Form II Which	
	Discharge This - ritical Material (List in 002 003	
	decressing order according to amount of	
	Critical Material discharged)	للطال الطا الطندا لنطا
G.	Amount of Item 8 that was or may have been	
	Contained in Residuals Per Year	
	(See Table A1 for code number)	<u>'3</u>
	If Over 10,000 Lbs/Yr, Indicate	
	Amount to Nearest 10,000 Lbs.	
	(If > 0, Submit Form IV)	
Н.	Check Here If You Want The	
	Information in Item D and E	
	To Remain Confidential	. ——
	As Provided By Section 6b	
	of Act 293 And Bule 225(4)	•

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1981 **3**0

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SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1980 COMPUTER
PRINTED INFORMATION IF CORRECT
for 1981. Enter CNLY
CORRECTIONS OR ADDITIONS.

A. FACILITY NUMBER 030019

DNR USE CNLY - ACTION OK te New Change Charge 1 1 2 3

CRICAL MATERIAL MAME.

ricther (describe).

C. CRITICAL MATERIAL
PARAMETER NUMBER — CLASSO27
(Page 12-13)

	The material in Item B is purchased for use describe the use by marking one or the of the following.
	formulated or resold without change used in production process set in non-production activity (pilot plant, maintenance etc.) non consumptive use (i.e. PCB's contained in transformers, capacitors, etc.) other (describe)
•	The manufacture the material in Item B mark one or more of the following transfactured for sale produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product

TABLE A1

0 = 0 lbs

1 = less than 1 lb.
2 = 1 - 10 lbs.
3 = 11 - 100 lbs.

4 = 101 - 500 lbs. 5 = 501 - 1000 lbs. 6 = 1001 - 10,000 lbs. 7 = over 10,000 lbs.

1980 MONITORING YEAR  The information is currently on our files. Use the data as reference out the form. Enter new or changed data at right	Report data for the 1981 calendar year. If this critical material was never used or discharged during 1981 and is permanently discontinued, check this box——
Jane of Item B Used or  Jackwised Per Year  Sea Table A1 for code number)  Compared to Nearest 10,000 Lbs	
5 The fit tem B that was or may have been to read in Wastewater Per Year to read in Mastewater Per Year to read A1 to reade number) in Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs	Incidental Trace Contaminants
Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in 001 003 005 tecreasing order according to Cinount of Critical Material discharged)	001 002 003 004
Amount of Item 8 that was or may have been  Contained in Residuals Per Year (See Table A1 for code number)  If Over 10,000 Lbs/Yr, Indicate  Amount o Nearest 10,000 Lbs.  If > 0. Submit Form IV)	<u>5</u>
Check Here If You Want The information in Item D and E. To Remain Confidential. As Provided By Section 6b of Act 293 And Rule 235(4).	

PEVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS
FOR PEPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

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### FORM IV

MENASHA CORP

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

1981 50

SEE INSTRUCTIONS ON PAGE 16 DO NOT DUPLICATE 1980 COMPUTER A. FACILITY NUMBER -030019 PRINTED INFORMATION IF CORRECT - ACTION FOR 1981, ENTER ONLY PNR USE CORRECTIONS OR ADDITIONS. Delete COMPLETION OF FORM IV IS REQUIRED B. Production Process Residual (P) or Wastcwater ONLY WHEN RESIDUALS AND RESIDUES Treatment Residual (W) or Combination (C) CONTAIN CRITICAL MATERIALS C. PHYSICAL STATE 2 1-liquid 2-heavy sludge 3-wet solid 4-dry solid 1981 MONITCRING YEAR 1980 MONITORING YEAR Report data for the 1981 caleridar year. If this and information is currently on our files. Use the data as reference residual contained no Critical Materials during 1981, check this box --have out the form. Enter new or changed data as right. Parameter number(s) (CILIAIS: SIDIDI7) (CILIAIS SIDILI8) CLASS019 CLASS027 r i critical material present in residual :CLASSO117 CLASSO15 CLASS017 Form IV must be - companied by Form III [C.L.A.S.S.O.1.9. 001117817 it reach Critical Material .ted in the residual) 1C1 L1 A1 S S: 0, 1; 1. 1C. LIAIS, S10: 112 1C; L, A, S, S, O, 2, 2. lenter no more The Liquid Portion is Primarily 1 than one choice 1) water 2) oil 3) chemical solvent per form) The Residue Results From (enter no more Chamical Production than three choices per form) Food Processing \*achining : Dust Collection 5 Paint Booths 5 Water Treatment 7 Process Water 8 Sanitary Sawage 9) Other (describe at right) 1/14 71918 000 Cultons Founds Out 10 Estimated Total Residual 1533000 G Annual Volume or Weight Storage Before Disposal or Removal (enter no more ii Metal Drums 36 than three choices 2 Fiber Drums per form) 3 Above Ground Tank 4 Underground Tank 5 Stc k piled on Ground 6 Holding Pond/Lagoon Other (specify at right) You Dispose of the Residue Yourself, lenter no more Tipe of Disposal Site 3 7 6 t'.an three choices 1. Fublic Landfill per form) 2. Private Landfill Own Land Shipped Out of State 5 incinerated C Other (specify at right)

MEN03274 1981

	A. FACILITY NUMBER 03001	9
	DN3 SONLY - ACTION	$\neg$
·	OK Delete New Chang	10
B. CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL	77
ARSENIC	PARAMETER NUMBER C.J. M S S O II	Ш
D. If the material in Item B is purchased for use describe the use by m	· ·	
more of the following.  formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) non-consumptive use (i.e. PCB's contained in transformers, capa other (describe)		
If you manufacture the material in Item B mark one or more of the manufactured for sale produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product other (describe)	1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1000 lbs. 6 = 1001 - 10,000 lbs. 7 = over 10,000 lbs.	
1980 MONITORING YEAR	1981 MONITORING YEAR	
man and the state of the state	Report data for the 1981 calendar year. If this critic	
The printed information is currently on our files. Use the data as reference	naterial was never used or discharged during 19th and is permanently discontinued, check this box—	_
in filing out the form. Enter new or changed data at right.	and is permanently discontinued, check this box——	
E. Amount of Item B Useu or	.0	
Manufactured Per Year		•
(See Table A1 for code number)		
If Over 10,000 Lbs/Yr, Indicate		
Amount to Nearest 10,000 Lbs. F. Amount of Item B that was or may have been		<u> </u>
•	Incidental Trac	
Discharged In Wastewater Per Year	Contaminants	
(See Table A1 for code number)  If Over 10,000 Lbs/Yr,-Indicate	1	
Amount to Nearest 10,000 Lbs.		
Actionate to theorest 10,000 tos.		
Outfall Numbers Reported on Form II Which		
Discharge This Critical Material (List in	0012 003 004	
decreasing order according to amount of	Indicated Calculated	٠
Critical Material r' scharged)		1
Amount of Item of that was or may have been		
Contained In Residuals Per Year		
(See Table A1 for code number)	3	
If Over 10,000 Lbs/Yr, Indicate		
Amount to Nearest 10,000 Lbs.		
(If > 0. Submit Form IV)		
Check Here If You Want The		
Information In Item D and E		
To Remain Confidential	•	
As Provided By Section 6b	•	
of Act 293 And Rule 235(4).		•

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page 15 R 4888-6

1981 30

•	A. FACILITY NUMBER -	61200112
	DNR USL OF	ILY - ACTION
•	эк	
	Initial	1 2 3
B. CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL	
Beryllium	PARAMETE: NUMBER	CICIAI3>01.14
	(Page 12-13)	
D. If the material in from B is purchased for use describe the use by	narking one or	:
more of the following.		•
formulated or resold without change	•	•
used in production process		
used in non-production activity (pilot plant, maintenance etc.)		<del></del>
non-consumptive use (i.e. PCB's contained in transformers, cap	acitors, etc.)	
other (describe)	<del></del> .	TABLE A1
	I	0 = 0 lbs.
If you manufacture the material in Item B mark one or more of the	e following.	1 = less than 1 lb. 2 = 1 - 10 lbs.
manufactured for sale	'	3 - 11 - 100 lbs.
produced for use as an intermediate or ingredient in	•	4 = 101 - 500 lbs. 5 = 501 - 1000 lbs.
another on-site production process		6 = 1001 - 10,000 lbs.
produced as contaminant or by-product	, , , , , , , , , , , , , , , , , , ,	7 = over 10,000 lbs.
other (describe)		
	1001 1001	
1980 MONITORING YEAR		TORING YEAR
	•	calendar year. If this critical
The printed information is currently on our files. Use the data as reference		or discharged during 1981
in filling out the form. Enter new or changed data at right.	and is permanently discont	tinued, check this box
E Amount of Item B Used (:	1	
Manufactured Per Year		•
(See Table A1 for code number)	•	
	1	
If Over 10,000 Lbs/Yr, Indicate		l. <u>l. l.</u> j
Amount to Nearest 10,000 Lbs.		
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been		Incidental Trace
Amount to Nearest 10,000 Lbs.	124	Incidental Trace Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been	124	Incidental Trace Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been  Discharged in Wastewater Per Year	124	Incidental Trace Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number)	124	Incidental Trace Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been  Discharged in Wastewater Per Year (See Table A1 for code number)  If Over 10,000 Lbs/Yr, Indicate	1,21	Incidental Trace Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been  Discharged in Wastewater Per Year (See Table A1 for code number)  If Over 10,000 Lbs/Yr, Indicate		- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number)  If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.		- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which		Incidental Trace Contaminants  2, 003, 0,0,4,
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in		- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of		- Contaminants
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Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)		- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material discharged)	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number)		- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in discreasing order according to amount of Critical Material discharged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)  Check Here If You Want The	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)  Check Here If You Want The Information In Item D and E	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)  Check Here If You Want The Information In Item D and E To Remain Confidential	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)  Check Here If You Want The Information In Item D and E To Remain Confidential As Provided By Section 6b	0011001	- Contaminants
Amount to Nearest 10,000 Lbs.  F. Amount of Item B that was or may have been Discharged in Wastewater Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  Outfall Numbers Reported on Form II Which Discharge This Critical Material (List in decreasing order according to amount of Critical Material dismarged)  3. Amount of Item B that was or may have been Contained In Residuals Per Year (See Table A1 for code number) If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.  (If > 0, Submit Form IV)  Check Here If You Want The Information In Item D and E To Remain Confidential	0011001	- Contaminants

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	A. FACILITY NUMBER	030019
	DIVE USE	ONLY - ACTION
		OK Delets New Change
	Initial	] 1 2 3 1
B. CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL	
	PARAMETER NUMB	
Nickel	(Page 12,13)	
D. If the material in Item 8 is purchased for use describ? the use b	ry marking one or	•
more of the following.		
formulated or resold without change	•	
used in production process		
used in non-production activity (pilot plant, maintenance etc		
non-consumptive use (i.e. PCB's contained in transformers,	capacitors, etc.)	TABLE A1
other (describe)	***	
		0 = 0 lbs. 1 = less than 1 lb.
If you manufacture the material in Item B mark one or more of	the following.	2 = 1 - 10 lbs.
manufactured for sale	•	3 = 11 - 100 lbs. 4 = 101 - 500 lbs.
produced for use as an intermediate or ingredient in		5 = 501 1000 lbs.
another on-site production process		8 = 1001 - 10,000 ibs.
produced as contaminant or by-product		7 = over 10,000 lbs.
Other (describe)		<u> </u>
1980 MONITORING YEAR	1981 MO	NITORING YEAR
	Report data for the 19	81 calendar year. If this critical
The printed information is currently on our files. Use the data as referen	•	ed or discharged during 1981
in filling out the form. Enter new or changed data at right.		ontinued, check this box-
E. Amount of Item B Used or		A
Manufactured Per Year		$O_{l}$ .
(See Table A1 for code number)	- (	
If Over 10,00G Lbs/Yr, Indicate		<u> </u>
Amount to Nearest 10,000 Lbs.		
F. Amount of Item B that was or may have been	1	Incidental Trace
Discharged In Wastewater Per Year	<u></u>	Contaminants [ ]
(See Table A1 for code number)	}	
if Over 10,000 Lbs/Yr, Indicate	<u> </u>	
Amount to Nearest 10,000 Lbs.	4	
A 10 10 10 10 10 10 10 10 10 10 10 10 10		4.F
Outfall Numbers Reported on Form II Which.	20.3	
Discharge This Critical Material (List in		
decreasing order according to amount of		
Critical Material discharged)	i	
G. Amount of Item B that was or may have been	<del></del>	
Contained In Residuals Per Year		
(See Table A1 for code number)		$3_{\iota}$
If Over 10,000 Lbs/Yr, Indicate		ج.
Amount to Nearest 10,000 Lbs.	1 1 1 1 1	1 1 1 1 1
(If > 0, Submit Form IV)		·
H. Check Here If You Want The		
Information In Item D and E	ſ	
To Remain Confidential	1	<del></del>
As Provided By Section 6b	į ·	•
of Act 293 And Rule 235(4).		<u> </u>

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE CUPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

\*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

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page 15 R 4888

1981 30

•	A. FACILITY NUMBER	030019
•	סאת שפני חיים	
•	Initial	
B. CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL	नाननान
CYANIDES	PARAMETER NUMBER (Page 12-13)	→ <u>G14471710</u>
D. If the material in Item B is purchased for use describe the use by in	narking one or	•
more of the following.		•
formulated or resold without change used in production process		•
used in production process used in non-production activity (pilot plant, maintenance etc.)		· 
non-consumptive use (i.e. PCB's contained in transformers, capa	acitois, etc.)	
Other (describe)		. TABLE A1
	. 1	0 = 5 lbs.
If you manufacture the material in Item B mark one or more of the	a following.	1 = less than 1 .b. 2 = 1 - 10 .bs.
manufactured for sale		3 = 11 - 100 lbs.
produced for use as an intermediate or ingredient in	1	4 = 10; - 500 ibs. 5 = 501 - 1000 ibs.
another on-site production process	}	6 = 1001 - 10,000 lbs.
croduced as contaminant or by-product		7 - over 10,000 lbs.
U other (describe)		
1980 MONITORING YEAR	1981 MUNI	TORING YEAR
****	•	calendar year. If this critical
The printed information is currently on our files. Use the data as reference	material was never used	or discharged during 1981
in filling out the form. Enter new or changed data at right.		tinued, check this box
E Arnount of Item B Used or		
Manufactured Per Year	. ()	•
(See Table A1 for code number)		•
If Over 10,000 i.bs/Yr, Indicate		
Amount to Nearest 10,000 Lbs.		
F Amount of Item B that was or may have been	1: " 3	Incidental-Trace
Dagnarged In Wastewater Per Year	1 · E.	Contaminants ]
(See Table A1 for code number): If Over 10,000 Lbs/Yr, Indicate	ا مم	*
Amount to Nearest 10,000 Lbs.		
Amount to Negrest 10,000 tos.		
Ourfall Numbers Reported on Form II Which	İ	1
Discharge This Critical Material (List in	003,000	4,,,,,,,,
decreasing order according to amount of		#J
Critical Material disciarged)	<u> </u>	
	L	
G Amount of Item B that was or may have been	Ĺ	
Contained In Residuals Per Year	7	
(See Table A1 for code number)	3	
If Over 10,000 Lbs/Yr, Indicate		
Amount to Nearest 10,000 Lbs.		
(If > 0, Submit Form IV)		
H. Circk Here If You Want The Information In Item D and E		
To Remain Confidential	, <u>L</u>	
As Provided By Section 6b	•	
of Act 293 And Rule 235(4).	•	

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. FOR REPURTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

\*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL: PLEASE RE-ENTER THIS INFORMATION.

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page 15 R 4888-6

1981 30

		A. FACILITY NUMBER	1030017	
		DNR USE CO.	- ACTION	
		OK OSE CY.		
		Initial	1 2 3	
3	CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL		
	Bis(a-ethylhexyl) Phthalate	PARAMETER NUMBER (Page 12-13)		
0	If the material in Item 8 is purchased for use describe the use by in		•	
	more of the following.			
	formulated or resold without change		•	
	used in production process		•	
	used in non-production activity (pilot plant, maintenance etc.)			
	non-consumptive use (i.e. PCB's contained in transformers, capa	icitors, etc.)		
	other (describe)		TABLE A1	
		1	0 = 0 lbs. 1 ~ less than 1 lb.	
	If you manufacture the material in Item B mark one or more of the	following.	2 = 1 - 10 fbs.	
	manufactured for sale	,	3 = 11 - 100 lbs. 4 = 101 - 500 lbs.	
	produced for use as an intermediate or ingrecient in	,	5 = 501 - 1000 lbs.	
	another on-site production process	1	6 = 1001 - 10,000 lbs. 7 = over 10,000 lbs.	
	produced as contaminant or by-product other (describe)	1	/ - OVER 10,000 103.	
	CT Other (describe)		_	
	1980 MONITORING YEAR		ITORING YEAR	
	,		calendar year. If this critical	
	printed information is currently on our files. Use the data as reference		or discharged during 1981	
1.3 f	thing out the form. Enter new or changed data at right.	and is permanently discont	tinued, check this box—	
E	Amount of Item B <u>Used</u> or			
	Manufactured Per Year			
.:	(See Table A1 for code number)			
	If Over 10,000 Lbs/Yr, Indicate			
	Amount to Nearest 10,000 Lbs.	<del> </del>		
F.	Amount of Item B that was or may have been	4. ا	Incidental Trace	
	Oscharged in Wastewater Per Year		Contaminants L	
	(See Table A1 for code number)	1		
	If Over 10,000 Lbs/Yr, Indicate Amount to Nearest 10,000 Lbs.	1	<del></del>	
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	decreasing order according to amount of	,	= = = = = = = = = = = = = = = = = = = =	
	Critical Material discharged)			
G.	Amount of Item B that was or may have been	ı		
	Contained In Residuals Per Year	1		
	(See Table A1 for code number)	( <b>4</b> )		
	If Over 10,000 Lbs/Yr, Indicate			
	Amount to Nearest 10,000 Lbs.	المنالما المالما		
	(1f > 0, Submit Form N)			
	Check Here If You Want The	. —	<b>t</b>	
	Information In Item D and E	į	I	
	To Remain Confidential		•	
	As Provided By Section 6b	•		
	of Act 293 And Rule 235(4).			
	DEVIEW 1001 CONTICAL MATERIALS DESIGNED IPAGE 12) TO VERIEV T	FUIT AND AND ADDITIONAL		

REVIEW 1981 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.

FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE CCPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

\*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL; PLEASE RE-ENTER THIS INFORMATION.

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page 15 R 4358

### FORM I GENERAL INFORMATION

4 FACILITY NUMBER -

MEN03279

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A SEPARATE REPORT IS REQUIRED For other formations, please copy and	ditional forms from page 5	t instruction blocklet			<b>-</b>	
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616-692-2141

EARY E. Roys
Piccess Chemist & Group Leader Stay & Roup 12/10/82

John R Mountager

Technical Manager

A		A -ACILITY NUMBER	(*30 û 1*9
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		en ti	
		120	2 3
		- OUTFALL NUMBER AS YOU	
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		CATHLY OPERATING	1
		FT-OPT NUMBER	130138
1981 MONITORING YEAR		1982 MONITORING Y	
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The corted information is cirrent, on our files three	SHERRING IS THE	of the control of the	
ng at the form 5 termewor stanged data		The perty discontinuo heck	
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to the standable see		locking water outfall the concrete source p.p. Loca LAT 42' 27' 45", Long ?	36"
e not to of extraoter		decling water bigg bece	red
the aid of the propt		IAT 42' 27' 45" Lany T	35'41'45"
SCHARGE TYPE	· -	Citi de la companya sipon	3 71
* Sida + Water Free Steam Pan St	.0 *##		
so of the state of the state of	1	<u>-</u>	MEN03281
Lugh or Seepare Point With No Outer		-	MENOUS.
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• • •	A FACILITY NUMBER n30419
00 NOTE 1981 COM	DNR USE ONLY - ACTION
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	initial 1 2 3
TO THE TOTAL OF	B OUTFALL NUMBER AS YOU REFER TO IT
	C MCNTHLY OPERATING REPORT NUMBER
1981 MONITORING PAR	1982 MONITORING YEAR
The printed information is currently on our files. Use the data as reference tung out the form. Enter new or changed data at right.	Report data for 1982 if different from 1981 calendar year. If this outfall was never used during 1982 and is permanently discontinued check this box————————————————————————————————————
OC'FALL LOCATION	
Tiwnship Range and Section (0.1 1)	h
Number it available), give	Small Acration Pond out foll. Through
V - 1 % scription of wastewater	8" Staclpipe . Lecuted LAT 43° 37' Ub + LONE 85' 41' 43"
'ta una location at right	LAT 43: 37 46 , LONE 18 47 43
DISCHARGE TYPE	
5 date Waters inver, stream drain storm sewer	MEN0328
ruse etc., give i pre of michining water at right	WEITOS
2 Coupon or Seepage Pond With No Outlets	
Stray Irrigation	
Seric Tank Tile Field	
5 Deep Well Dist osal	
- Surface of Ground	KALAINAZOO RIVER
Other (describe at right)	KALHINATOO KIVEIL
8 Minicipal Sanitary Sewer (give name of municipalit, at right)	·
OLUME OF DISCHARGE	. 4050 Measured Estimated
Average Daily Flow	• 4050 Estimated .
Million Galiens per Day)	
Maxim in Daily Flow	.6080
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Jai-4 mual Flow_ 130.5()	147.7390
Million dalloris per Year) h	
TYPE OF WASTEWATER (each outfall must add to 100%)	
المام المام	o IDU not enter decimal or
A was Coston	fractions
N intact Cooling	,
Contract Contract	
Sitting Sewage	. "0
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FURMS C	POM PAGE 3 OF INSTRUCTION BOUNCET
DNR USF ONLY	
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ORM II - PARAMETER REPORT LEVEL 40	-
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1982

A. FACILITY NUMBER -030619 SEL NOTRU! FONS ON PAGE / DO NOT ' UPL, ATE 1981 COM' COM' DNR USE ONLY - ACTION PROTALD INFORMATION IF CORNERS ÐΚ FOR THE ANTER ONLY USE TOTAL ON ASSETTING 3 . \_\_\_ Initial B. OUTFALL NUMBER AS YOU REFER TO IT -002 C. MONTHLY OPERATING REPORT NUMBER -030134 1981 MONITORING YEAR 1982 MONITORING YEAR Report data for 1982 if different from 1981 calendar year If this outfall was never used during 1982 and The printed information is currently on our files. Use the data as reference in filling out the form. Enter new or changed data at right OUTFALL LOCATION. Township, Range, and Section COUNT DOG Small Acration Pond out full. Through Number of available), give word description of wastewater. LAT 43 5 37 : 45 4 LONE 85 41 43" outfall and location at right DISCHARGE TYPE 1. Surface Waters friver, stream, drain, storm sower. lake, etc., give name of receiving water at rights 2 Lagoon or Seepage Pond With No Outlets 3 Scray Irrigation 4 Septic Tank - Tile Field 5. Deep Well Disposal 6 Surface of Ground KALAMAZOO RIVER 7. Other (describe at right) 8. Municipal Sanitary Sewer (one name of municipality at right, VOLUME OF DISCHARGE 4050 Measured Estimated Average Daily Flow .391" (Million Gallons per Day) .6080 Maximum Daily Flow . 000 " (Million Galions per Day) . 147.7390 Total Annual Flow 130.5000 'Million Gallons per Year) .... TYPE OF WASTEWATER (each outfall must add to 100%) &Process. Do not enter decimal or traction; Noncentact Cooling Sandary Sewage FOR ADDITIONAL OUTFALLS, CORY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET DNR USE ONLY · · · • · 3.2 DU: C2 C.M. Diff : 7 I.S.A FORM II - PARAMETER REPORT LEVEL 40 2 20 27 52 630019 030134 5616

'EL INSTRUCTIONS ON PAGE 7	A. FACILITY NUMBER 930019
DO NOT DUPLICATE 1981 COMPUTER	DNR USE ONLY - ACTION
PRINTED INFORMATION IF CORRECT	OK vinte New Change
FOR 1982 ENTER ONLY	Initial 1 2. 3.
COPRECTIONS OR ADDITIONS	B OUTFALL NUMBER AS YOU
	REFER TO IT
	C MONTHLY OPERATING
	REPORT NUMBER
1981 MONITORING YEAR	1982 MONITORING YEAR
	Report data for 1982 if different from 1981 calendar
printed information is currently on our files. Use the data as reference	year. If this outfall was never used during 1982 and is permanently discontinued check this box
ing out the form. Enter new or changed data at right. DUTFALL LOCATION	is permanently discontinued check this box
Thun-hin Range and Section	1 A S,
Number (if available), give	Acration Pond Discharge . Through a 21° Steel pipe Located
wind description of wastewater	21 Steel pipe, Located
purt - and location at right	LAT 42°37'48", LON & 86°41'3.6"
DISCHARGE TYPE  Surface Waters (river, stream, drain, storm sewer,	145110000
iske etc., give name of receiving water at right)	MEN03284
Laguon or Seepage Pond With No Outlets	
Spray Irrigation	
Septic Tank ~ Tile Field	7
Deep Well Disposal	
Surface of Ground Other (describe at right)	KALAINAZO RIVER
funcipal Santary Sewer (give name of municipality at right)	And the second s
ME OF DISCHARGE	Measured 🔀
ge Daily Flow	Measured Estimated
mion Gallons per Day)	j
laximum Daily Flow .7600 Adiron Gallons per Day)	1.080
	203.3920
otal Annual Flow 174.2000 Millor Gallons per Year)	
YPE OF WASTEWATER (each outfall must add to 100%)	
Process 100	% (Co not enter
	decimal or
Noncontact Cooling	% fraction)
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Sanitary Sewage	<b>~~~~</b> %
FOR ADDITIONAL OUTRALLS, COPY-ADDITIONAL EORMS FE	OM PAGE 9 OF INSTRUCTION ROOKLET
	The state of the s
DNR USE ONLY	
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III - PARAMETER REPORT LEVEL 40	
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Sale INSTRUCTIONS ON PAGE 7	A FACILITY NUMBER - 030019
DO NOT PUPERATE 1931 COMPUTER	DNR USE ONLY - ACTION
* N ED INFORMATION IF CORRECT	OK Delete New Change
FOR 199 ENTER ONLY	Initial 1 2. 3.
CULTECTIONS OR ADDITIONS	B OUTFALL NUMBER AS YOU
	REFER TO IT
	C MONTHLY OPERATING
	REPORT NUMBER 030053
1981 MONITORING YEAR	1982 MONITORING YEAR
	Report data for 1982 if different from 1981 calendar
rinted information is currently on our files. Use the data as reference	year If this outfall was never used during 1992 and
ng cif the form. Enter new or changed data at right.	is permanently discontinued, check this box-
OUTFALL LOCATION	
Township Range and Section 0000,000	Tu-bine Condenser coolingwater.
Number (if available), give  **: :::::::::::::::::::::::::::::::::	Through a 21" Steel pipe. Located
* ** Contion of wastewater	LAT 42° 27' 48", LONG 85° 41' 72"
DISCHARGE TYPE	1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2
1 S dace Waters (river, stream, drain, storm sewer,	<u> </u>
+k= etc give name of receiving water at right)	
;oon or Seepage Pond With No Outlets	
> Speak Irrigation	
Septic Tank - Tile Field	
· 'eep Well Disposal	
urface of Ground	KALAMAZOO RIVER
ter (describe at right) unicipal Sanifary Sewer (give name of municipality at right)	NACAMA WAS A STATE OF THE STATE
CL: ME OF DISCHARGE	Measured X
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ota Annual Flow Million Gallons per Year)	2388.8010
YPE OF WASTEWATER (each outfall must add to 100%)	
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Frice-SS	% (Dổ not enter decimal or
ntart Cooling 100	ן סס ס traction)
	, . <del></del>
341137y Sewage	<sup>-</sup> -o
FUR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FF	ROM PAGE 9 OF INSTRUCTION ROOKLET
	THE STATE SOL MOTHOUTHOUT BOOKES
DNR USE ONLY	
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M II - PARAMETER REPORT LEVEL 40	
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MENASHA CORP

MEN03286

SEL INSTRUCTIONS ON PAGE 10 DO NOT DUPL'CATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1932 ENTER ONLY TIRRECTIONS OF ADDITIONS

A. FACILITY NUMBER -030019 DAP "SE ONLY - ACTION

Delete Change New Initial

CRITICAL MATERIAL NAME

COPPER	₹	E	P	٥p	C
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C. CRITICAL MATERIAL PARAMETER NUMBER (Page 12-13) CLA35017

If the material in Item B is purchased for use describe the use by marking one or	
more of the following.	
formulated or resold without change	
used in production process	
used in non-production activity (pilot plant, maintenance etc.)	
non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)	TABLE A1
, ,	0 - 0 to-
If you manufacture the material in Item 8 niark one or nicre of the following	1 - less than 1 lb 2 - I - 10 lbs
manufactured for sale	3 11 100 ibs
produced for use as an intermediate or ingredient in	4 101 500 lbs 5 = 501 - 1000 lbs
another on-site production process	6 1001 10,000 ibs
produced as contaminant or by-product	7 = over 10 000 lbs
other (describe)	

	1981 MONITORING	YEAR	1982 MONITORING YE	AR
			Report data for the 1982 calendar ye	ear If this critical
	The printed information is currently on our file	s Use the data as reference	material was never used or discharg	ec during 1982
	in filling out the form. Enter new or change	d data at nght	and is permanently discontinued, check	this box—
	E Amount of item B Used or		ln:	adental trace
•	Manufactured per year	•	co	ntaminants 🗀 🔠
	See Table A1 for code number;		<u>:</u>	
	'f over 10.000 lbs/yr, indicate			
	amount to nearest 10,000 lbs			i
	F Total amount of Item B that was			, Jan
	or may have been Discharged in	5	45 ~~	~ "
	wastewater per year (See Table A1			
	for code number; If over 10 000	*		
	lbs yr indicate amount to nearest	* ·		
	10.000 lbs	Į		
	Outfall numbers on Form II which		_	
	discharge this critical material		Amount 3 3 4	3 4
	Amount of Item 8 discharged out		1 1	, ,
	each outfall UC	1 002 003 004 305	Outfall 00/ 002 003	004 005
	(See Table 41 for code number			
	G. Amount of Item B that was or may			
	have been contained in residuals	4	•	
	per year (See Table A1 for code		4	
	number) if over 10,000 lbs/yr.			
	indicate amount to nearest 10,000	1	_	
	ibs (It > 0, submit Form IV)			
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	information in Item D and E	1		
	to remain confidential	į		
	as provided by Section 65			
	of Act 293 and Rule 235(4)	1		
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REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING AUDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

\*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL PLEASE RE-ENTER THIS INFORMATION

P9 4888 6

### CRITICAL MATERIALS REPORT

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPL CATE 1981 COMPUILS PRINTS INFO IMATION IF CORREC FOR 1912 FATTE ONLY TUBILICAINS OR ADDITIONS

CRITICAL MATERIAL NAME

イ づいMBER -030019 A FAC DNR USE ONLY - ACTION Ok Delete Change

C CRITICAL MATERIAL PARAMETER NIIMBER (Page 12-13)

CL488017

COPPER If the material in Item B is purchased for use describe the use by marking one or more of the fullowing rormulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) con-consumptive use (i.e. PCB's contained in transformers capacitors etc. TABLE A1 you manufacture the material in Item B mark one or more or the following manufactured for sale produced for use as an intermediate or ingredient in another on-site production process over 10 000 lbs produced as contaminant or by-product other (describe)

1981 MONITORING YEAR 1982 MONITORING YEAR Report data for the 1982 calendar year If this critical material was never used or discharged during 1962 The united information is currently on our files. Use the data as reference n filing out the form. Enter new or changed data at right and is permanently discontinued check this ina-Incidental trace Amount of Item B Used or Manufactured per year contammants \_\_\_ (Say Table A1 for code number) If over 10,000 lbs/yr, indicate amount to nearest 10,000 lbs. Total amount of Item B that was or may have been Discharged in 5 was ewater per year (See Table A1 for code number). If over 10,000 ibs yr indicate amount to nearest 10 000 lbs Outfall numbers on Form il which discharge this critical material Amount Amount of Item 9 discharged out 206 465 200 200 100 each outfall Outfall (See Table A1 for code number) Amount of Item B that we s or may have been contained in residuals per year (See Table A1 for code number if over 10 000 lbs/yr indicate amount to nearest 10,000 bs (If > 0 submit Form IV) Check here if you want the information in Item D and E to remain confidential as provided by Section 65 of Act 293 and Rule 235(4)

REVIEW 1982 CRITICAL MATERIALS REGISTER PAGE 12 10 VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM TABLE TO UNINSTRUCTION BOOKLET

AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL PLEASE RE ENTER THIS INFORMATION

MENASHA CORP

1982 30

PR 4888 6

SEE INSTRUCTIONS ON PAGE 15 030019 A. FACILITY NUMBER DO NOT DUPL'CATE 1981 COMPUTIR PRINTLD INFORMATION IF CORRECT DNA USE ONLY - ACTION FOIL 1932 ENTER CNLT Change COPRECTIONS OR ADDITIONS 31 CRITICAL MATERIAL NAME C. CRITICAL MATERIAL CLASS019 PARAMETER NUMBER-LEAD (Page 12-13) If the material in Item B is purchased for use describe the use by marking one or more of the following. MEN03288 formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.) TABLE A1 other (describe) O ibs If you manufacture the material in Item B mark one or more of the following 10 lbs manufactured for sale LOC lbs 101 produced for use as an intermediate or ingredient in 1000 lbs another on-site production process 10 000 lbs over 10,000 ibs produced as contaminant or by-product other (describe) .\_\_ 1982 MONITORING YEAR 1981 MONITORING YEAR Report data for the 1982 calendar year If this critical The printed information is currently on our files. Use the data as reference material was never used or discharged during 1982 in filling out the form. Enter new or changed data at right and is permanently discontinued, check this box--Incidental trace\_ Amount of Item 8 Used or Manufactured per year O contaminants L (See-Table-A1 for code number) If over 10,000 lbs/yr indicate amount to nearest 10,000 ibs Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code number). If over 10,000 ibs yr indicate amount to nearest 10 000 lbs Outfall numbers on Form II which discharge this critical material Amount Amount of Item B discharged out vo2 003 each outfall Outfall (See Table A1 for node number) Amount of tem B that was or may 5 have been contained in residuals per year (See Table A1 for code number) If over 10 000 lbs 'yr, indicate amount to nearest 10 000 ibs (If > 0, submit Form IV) Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4) REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR PEPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOCKLET

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030019

### FORM III

HENASHA FORP

CRITICAL MATERIALS REPORT

1982 **30** 

SEE TO INDUCTIONS ON PACE 15 DO NOI DUPLICATE 1981 COMPUTER PRINTED INFORMATION IF CORRECT FOR 198? ENTER ONLY CONTECTIONS OR ADDITIONS

DNR USE ONLY - ACTION Pelete

1	CRITICAL	MATERIAL	NAME

C CPITICAL MATERIAL

A. FACILITY NUMBER -

	HICKEL	PARAMETER NU (Page 12-13)	MBER	CTYDOOSE
	the material in Item B is purchased for use describe the use by maker of the following formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) non-consumptive use (i.e. PCB's contained in transformers, capacity (describe)	•		 TABLE A1
<u>-</u> -	rou manufacture the material in Item B mark one or more of the manufactured for sale produced for use as an intermediate or ingredient in another or site production process produced as contaminant or by-product other (describe)	following	3 - 4 - 5	0 ibs. liss than 1 ib 1 10 ibs. 11 100 ibs 101 500 ibs 501 1000 ibs 1001 1000 ibs over 10 000 ibs

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PEVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS PEPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

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PR 4888-6

CILITICAL MATERIALS REPORT

1982 **30** 

	SEE REPORTIONS ON TACK T		A FACI	LITY NUMBI	FR		030019
	. DO NOT DUPLICATE 1981 COMPL					<u> </u>	
)	FINTED INFO MATION IF CORRE	ζ.		DNR US	E UNLY -	ACTIC	!
	FOR 1952 ENTER ONLY						Vew Change
	C NOTOTIC C ADDITIONS		Initial		1_		
а с	RITICAL MATERIAL NAME			ICAL MATER			LA33011
	ARSENIC			12-13)			
	the material in Item B is purchased for use de nore of the following formulated or resold without change used in production process used in non-production activity (pilot plant, non-consumptive use (i.e. PCB's contained other (describe)	maintenance etc)	·			TABLE	 E A1
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	produced for use as an intermediate or ing	redient in			5	501 - 1	000 lbs
•	another on-site production process				6		10 000 lbs
	produced as contaminant or by-product				,	• over 10	JOU IDS
	other (describe)						
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~	nted information is currently on our files. Use th	e data as reference				•	during 1982
	out the form. Enter new or changed data a			permanently d			
	nount of Item B Used or		1				ntal trace
	anufactured per year	.)	1				m.nants
	ee Table A1 for code number)	•	ļ			·	Times to
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	over 10 000 lbs yr, indicate		1	•			
	ral amount or item B that was	<del></del>	<del></del>				
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	may have been Discharged in	3	1				
	stevarer per year (See Table A1		ł				
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	yr indicate amount to nearest		j				
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_	tfall numbers on Form II which			•	.1		
	charge this critical material		Amou	nt 🥕	4.	2	
	nount of Item B discharged out	4	1	•		•	T T
	n outfall võ2 103	-004	Outfall	002	003 0	104	
	e Table A1 for code number)		<del></del>				
	count of Item B that was or may	_	1				
	e been contained in residuals	3	1				
	year (See Table A1 for code		ļ				
	nner if over 10.000 lbs./yr,		I				
	care amount to nearest 10,000		1				
	(if > 0, submit Form (V)		<u> </u>				
- Che	e k here if you want the						
nfa	irmation in Item D and E				•		
to r	remain confidential						
as ;	provided by Section 6b		İ				
of A	Act 293 and Rule 235(4)						
						<del></del>	

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REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS R PERSON NG ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

PR 4888 6

### CRITICAL MATERIALS REPORT

SEE ! TRUTHORS ON PAGE TO DO NOT DUPLICATE 1981 COMPUTER \* RINTE INFO+MATION IF CORRECT FDR 1982 ENTER ONLY CONFECTIONS OF ADDITIONS

030019 A FACILITY NUMBER -DNR USE ONLY - ACTION 3 Initial

CRITICAL MATERIAL NAME

other (describe) \_\_\_\_

CYANIDES

C CRITICAL MATERIAL PARAMETER NUMBER-(Page 12-13)

CLASSO18

)	17 [	he material in Item B is purchased for use describe the use by marking one or
	1.00	re of the following
		formulated or resold without change
		used in production process

used in non-production activity (pilot plant, maintenance etc.)

MEN03291

٠.,	o manufacture	the	material	ın	item	В	mark	one	٥r	more	of	the	foliowing
-	manufactured					Ī	*****	4	٠.		•		

non-consumptive use (i.e. PCB's contained in transformers, capacitors etc.)

produced for use as an intermediate or ingredient in another on site production process produced as contaminant or by-product

other ruescribe)

less than 1 tb 10 lbs 100 lbs 101 - 500 lbs.

TABLE A1

1000 lbs 1001 10 000 lbs over 10,000 lbs

501

1981 MONITORING Y	EAR	15	982 MONI	TORING YE	AR
		Report data for	the 1982	calendar ye	ear If this critical
if eighted information is currently on our files	Use the data as reference	material was n	iever used	or discharg	ged during 1982
thing out the form. Enter new or changed	data at right	hid is permaner	ntly discont	inued check	this box-
Amount of Item B Used or				Inc	cidental trace
Manufactured per year	U			co	ntaminants 📃
See Table A1 for code number,				-	
tiover 10,000 lbs yr indicate		į		_	
mount to nearest 10,000 lbs			···		
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or may have been Discharged in	3	1			
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1) (10) tbs	•	İ			
Cuttal numbers on Form II which	;	i			
discharge this critical material	- 1	Amount	4 2		
Amount of Item B discharged out	,	1	, ,	1	
each outfali 603	\$ 004	Outfall 🍎	13 00	4	•
(See Table A1 for code number)		30. 5			
G Amount of Item B that was or may		i			* ***
have been contained in residuals	3	*			
per year (See Table At for code	j				
numbers if over 10,000 lbs.yr.	†	1			
ndicate amount to nearest 10,000	•	Į.			
ibs f > 0, submit Form IV)					
H. Check here if you want the					
information in Item D and E	1				
to remain confidential	1				
as provided by Section 6p	ļ				
of Act 292 and Rule 235(4)					

RELIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

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### FORM III

MENAS A CORF

### CRITICAL MATERIALS REPORT

	ELE INSTRUMENTAL	CN FALL			<del></del>
	ERINTLO INFO (MACIO)	981 COMPHIER	A. FACILITY	NUMBER	03
	FOR 19 12 FT		<u> </u>	DHR USE ONLY	ACTION
	CORPECTIONS C	• = '		OK	Delete Nev
			Initial	1	2
8.	CRITICAL MATERIAL NAME:		C. CRITICAL		CLAS
	BERYLLIUM		PARAME (Page 12	TER NUMBER—— !-13)	•
D	If the material in Item B is purchas	sed for use describe the use by	marking one or	•	
	more of the following.				
	formulated or resold without c	hange			
	used in production process				
	used in non-production activity				-
	non-consumptive use (i.e. PCB's	s contained in transformers, ca	pacitors, etc.)		TASLE A1
	U other (describe)		-	,	
					0 tbs less than 1 t
	If you manufacture the material in If	tem is mark one or more of t	ne following.	4	2 - 1 - 10 lbs
	manufactured for sale	adiata a sanadiant a			2 11 100 1 1 101 500 h
	produced for use as an intermi				5 501 1000
	another on-site production proc produced as contaminant or by			<del>(</del>	5 1001 10 JC 7 over 10 000 1
	other (describe)	product			
	La other (describe)				
	1981 MONITORIN	IG YEAR		1982 MONITOR	RING YEAR
			Report data	for the 1982 cal	endar year if th
_	printed information is currently on our		e material wa	is never used or	discharged durin
n f	illing out the form. Enter new or cha	inged data at right	and is perm	anently discontinue	d, check this box
E	Amount of Ite : B <u>Used</u> or		İ		-ncidenta- t
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r	or may have been Discharged in	2	1		
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	for code number) If over 10,000				
	lbs /yr., indicate amount to nearest				
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	Outfall numbers on Form ii which	-			
***	discharge this critical material.		Amount	2 2	<b>u</b> 1
	Amount of Item B discharged out		7,1,00,1		
	each o sfall.	un1 un2 an3 an4	Ovtfall	001 002	003 004
	(See Table A1 for code number)		1 00000	· -	
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	have been contained in residuals	2		<b>A</b>	
	per year (See Table A1 for code		1	_ [1	
	number) If over 10,000 lbs/yr,		İ		
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	ibs (If > 0, submit Form IV)		<del>-                                    </del>		
	Check here if you want the				
	information in Item D and E				
	to remain confidential				
	as provided by Section 6b				
	of Act 293 and Rule 235(4)				

REVIEW 1982 CRITICAL MATERIALS RECISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS FOR REPORTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BO

\*AN ASTERISK INDICATES THAT THIS ITEM IS CONFIDENTIAL, PLEASE RE ENTER THIS INFORMATION.

#### CRITICAL MATERIALS REPORT

1	982
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SEL 13TRU LNG CN PAGE 1. A FACILITY NUMBER -030619 EO NOT DUPLIMIE 1981 COMPUTER TIME OF INSCRIPTION IF CORRECT DNR USE ONLY - ACTION FOX 1982 ENTER ONLY Change COMPOND LO IN ADDITIONS URITICAL MATERIAL NAME C CRITICAL MATERIAL 00117817 PARAMETER NUMBER-BIS (2. ETHYLHEXYL 1) PHTHALATE Page 12-13) \* the material in item B is purchased for use describe the use by marking one or more of the following formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) non consumptive use (i.e. PCB's contained in transformers, cupacitors, etc.) TABLE A1 other (describe) \_\_\_ ess than 1 .o it you manufacture the material in Item B mark one or more of the following 10 bs ... manufactured for sale 100 lbs 500 'bs produced for use as an intermediate or ingredient in 1000 lbs another on-site production process 10 000 ibs 001 over 10 000 lbs produced as contaminant or by-product other (describe) 1981 MONITORING YEAR 1982 MONITORING YEAR Report data for the 1982 calendar year If this critical inguiting information is currently on our files. Use the data as reference I material was never used or discharged during 1982 ring out the form. Enter new or changed data at right. and is permanently discontinued check this box-Incidental trace Amount of Item B Used or Manufactured per year contaminants . See Table A1 (or code number) flower 0,000 lbs yr indicate amount to nearest 10,000 lbs otal amount of Item B that was or may have been Discharged in wastewater per year (See Table A) or code numbers If over 10 000 ibs yr indicate amount to nearest 10 000 bs Outfail numbers on Form II which discharge this critical material Amount Amount of Item B discharged out 002 303 004 03 003 604 each outfall See Table A1 for code numbers Am unt of frem B that .... a. a. may have been contained in residuals

REVIEW 1982 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS REPUPTING ADDITIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOCKLET

per year (See Table A1 for code number if over 10,000 lbs/yr ndicate amount to nearest 10,000 bs (If > 0 submit form IV) Check here if you want the information in Item D and E to remain confidential as provided by Section 6b of Act 293 and Rule 235(4)

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PR 4888 6

### FORM IV

IENASH, CTER

#### RESIDUALS AND REJIDUES DISPOSAL AND STORAGE REPORT

1982 50

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1981 COMPUTER
P INTED INFOFMATION IF CORRECT
FOR 1937, ENTER ONLY
CORRECTIONS OR ADDITIONS

COMPLETION OF FORM IV IS REQUIRED ONLY WHEN RESIDUALS AND RESIDUES CONTAIN CRITICAL MATERIALS

	NUMBER	C 30 C 19
!nitial	DNR USE ONLY	New Change

	1981 MON	ITORING YEA		1982 MONITORING YEAR					
	nformation is currently the form Enter new		ce residua	Report data for the 1982 calendar year residual contained no Critical Materials during check this box					
ef critic	er number(s) al material	CLASS027	CLASUUL7			<b>-</b> -			
Form IV	in residual must be	CLASSO19	CL 453011					·- ·	
accompanied by Form III for each Critical Matenal		CLASSO12	CLASSOZZ						
fisted in	the residual)	CLASS018	CL 435015						
		00117817							
		·			- All 1				
	· · · · · · · · · · · · · · · · · · ·						- \		
	d Portion is Primarily 2) oil 3) chemica		1				:	(anter no than one per form	
1) Chem	due Results From ical Production Processing		6				. <u>.</u>	(enter no than thre per form	e choices
4) Dust 5) Paint	Collection Booths Treatment								
3) Saniia	ry Sewage (describe at right)					_		-	
G Estimated	Total Residual olume or Weigh.	,	1479300 C	2:	5.4.3.3	000	Gallons	Pounds	Çű ∀a
1, Metal 2: Fiber (	Druins	moval	3 6			<del>-</del> - ·		(enter no than thre per form)	e choices
4) Underg	Ground Tank fround Tank piled on Ground f Pond/Lagoon								
-	(specify at right)				•				~ -
if You Dis Type of C 1: Public	spose of the Residus Disposal Site Landfill	Yourself,	\$ 7 b					enter no than three per form)	
· · · · · · · · · · · · · · · · · · ·	and 2 Out of State								
5) Incinera									- <b>-</b>
b) Uther (	specify at right)	C****	DI ETE BELIEDEE CIDE	OC FORM					

		list								
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<u>.</u>										
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			l by comr	nercial w	aste or re	fuse haule	r(s) give	the nam	ne(s) and	i addres.
		necessary.						the nam	ne(s) and	addres.
	ate hst if	necessary.								addres
	ate hst if	necessary.								addres

- J. Additional Locations for Sludge Disposal
- 1. Eldon Fisher
  2565 108th Ave.
  Allegan, MI
- LeRoy Tompkins 2637 109th Ave. Allegan, MI
- 3. Woodrow Winn RFD 1 Allegan, MI
- 4. Armintrouts' Property
  North 26th
  Allegan County
- 5. B. Whisler Jr. 198th Ave. - Allegan, MI
- 6. L. Kaylor 952 - 26th Allegan, MI
- 7. k. Crowell 602 - 26th Allegan, MI
- 8. B. Jamieson 885 106th Ave. Plainwell, MI
- 9. G. Dugan 318 21st Otsego, MI
- 10. Villas Moreland Trowbridge Township Allega, MI

#### FOS 14

#### GENERAL INFORMATION

Required by Act 293, PA 1972

MEN03297

1923 10

SEE INSTRUCTIONS ON PAGE 3
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CORRECTIONS OR ADDITIONS

A FACILITY NUMB	ER	030019
DNR J	SE ONLY - AC	TION
Initia!	Delete	2. 3 3

	Initial 1.:_1 _ 2 ; 3 '
4 SEFARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICE other weations, please copy additional forms from page 5 of instr	
No Skip questions 3 thru 12, sign the report, and see page X Yes in the space below briefly describe your business there  2.1-2.grated pulp and papar mill, producing  1.1-3.ft. Composed of Non-Sulfur Semi-Chemica	19 for mailing instructions continue with question 2 corrugated incdium of 26,33, and 40.
- Value Address.  4544544 CDPP	If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below
PAPEPSDARD DIV 320 FAPHER ST DISEGD HI 49073	Plant Name
anymoart of the mailing address is incorrect please	Address
in our nave sold the business to the person listed be aw passe check here	C ty S State
Name of Company	· · · · · ·
Fant Location Attn	
Street Address or PIO Box	
2 ry	: State Zip
1982 MONITORING YEAR	1983 MONITOHING YEAR
The printed information is currently on our files. Use the data as reference of the out the form. Elier new or changed data at right	Report data for the 1983 coler dar , only if different from 1982 data
EPA Identification Number (if available)	MID 0.0.601,2405
1 Federa Employer's Withholding 390464680	<u> </u>
Standard Industrial 2600 Classification Code (see page 4)	
See page 2)	
COMPLETE REVERSE SIE	
	-
Ost P FA G R., 4 P.P. S Sewer 030357 Yr 81	

#### FORM II

WASTEWATER OUTFALL REPORT

1983 **20** 

Required by Act 293, P.A. 1972

SEE INSTRUCTIONS ON PAGE 7
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
COPRECTIONS OR ADDITIONS

A. FACILITY NUM	BER — -		COEn.	19 •
DNR	USE CN'	Y - ACT	ION	
Initial	OK	Delete	New 2	Change 3.
B. OUTFALL NUMB REFER TO IT—— C. MONTHLY OPER	<del></del>	, UI	<b>→</b> [00	)5
REPORT NUMBE		[	03009	3

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FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

DNR USE ONLY										
ÐF	302	D.U.: <b>C2</b>	C.M.; N	Diff.;	7 1.S A.	.: <b>Y</b>	1111		لا لا نہ	نا نا
FORM 1	11 - PARA 2 38	METER RE	PORT LEVEL	40			or 1.	2. 3.	03001	9
		<u>: : 1</u>				للل				
		ا للل	<del></del>	للل		لللا	للللا			•
		النل		<u></u>	<u> </u>		<u> </u>	1_1 :_1		R 4888-5

The state of the s	
OFF WARRING ON THE -	A. FACILITY NUMBER 030019
SEE INSTRUCTIONS ON PAGE 7 DO NOT DUPLICATE 1982 COMPUTER	
PPINIED INFORMATION IF CORRECT	OK S New Change
FOR 1983. ENTER ONLY	Initial 1 2 3
CORRECTIONS OR ADDITIONS.	B. OUTFALL NUMBER AS YOU
	RCFER TO IT - JO4 C. MONTIFLY OPERATING
	REPORT NUMBER
1022 MONITODING VEAD	
1982 MONITORING YEAR	1983 MONITORING YEAR Report data for the 1983 if different from 1982 calendar
י mation is currently on our files. Use the data as reference	year If this outfall was never used during 1983 and
2 come Enter new or changed data as right.	is permanently discontinued, check this box—
3	T' lei liel I
Livalable) give	Boiler blowdown, roof drains sealand floordrain waterfrom puverhouse costed
ton of wastewater,	floordrain waterfrom power house. Located
You at 19th	[LAT. 42°27'48°, LONG, 85"41'24"
Waters Triver, stream, drain, storm sewer,	1
see the of receiving water at right)	
* Seengae Pond With No Outlets	
Spring Task Tel Field	
The the Discovariant	
* . 3* Gre. *	KALAMAZOO RIVER
- Lastroe ( tight)	MALAMAZOO KIVER
Santa: Sewer (give name of municipality at right) Section 1.5 DED 50-45 GS	
1 1 1 1 1 2 2 1 4 1 3 4	Measured Estimated
; ta. 534)	4
- 314, Flow 13 ns per Davi	1800
50.v 31.0000	28.2000
'ns per Year)	
== .□ ∴ASTEWATER (each outfall must add to 100%)	
30%	
1.11 Coc g	fraction
	3
Sa 1 % Sewon-	
FUR ADD TITMAL OUTFALLS, COPY ADDITIONAL FORMS FE	ROM PAGE 9 OF INSTRUCTION ROOKLET
— DNR USE ONLY	
302 DU C2 C.M. N Diff, 7 I.S.A.: Y	
1 II - PARAMETER REPORT LEVEL 40	
2 26 38	OK 1. 2 3. 030010
	030055
	ليخيليا ليلاخب للمحددة
	للبا لملنا لمحلنا
<u>i-'-i-'-i-i-i-</u> <u></u>	
5632	, FR 4888-3

## WASTEWATER OUTFALL REPORT

nequired by Act 293, P.A. 1972

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SEE INSTRUCTIONS ON PAGE ?	A. FACILITY NUMBER 030019
DO NOT DUPLICATE 1982 COMPUTER	DNR USE ONLY - ACTION
PRINTED INFORMATION IF CORRECT	THE SE THELT - ACTION
FOR 1983 ENTER ONLY	Initial 1. 2. 3
CORRECTIONS OR ADDITIONS	B OUTFALL NUMBER AS YOU
	REFER TO IT 002
	C MONTHLY OPERATIFIED
	REPORT NUMBER - U3,134
1982 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 if different from 1982 calendar
	year If this outfall was never used during 1983 and
The form Friter new or changed data at right.	is permanently discontinued, check this box
The A. P. Control and Control	
1320155 p. hange, and Section 00000000 0000000 0000000000000000000	Small Heration Pond Outfall. The ough an
A 12 rescription of wastewater	8"Steel Pipe. Localed
utfall and location at right	CAT. 42°27'46", LOUG. 85°41'42"
E DISCHARGE TYPE	1
* Surace Waters liver, stream, drain, storm sower,	
take, etc. give name of receiving water at right	
2 Lagoon or Seepage Pond With No Outlets	
3 Spray regation	
⇒ Septic Tank Tile Field	1
5 Deep Well Disposal	
- Surface of Ground	KALAMAZOO RIVER
Other describe at right)	MACHIMEW MIVER
"5 Municipal Sanitary Sewer igive lame of municipality at right)  • JUME OF DISCHARGE	
A CONTRACTOR OF THE CONTRACTOR	Measurer \( \frac{1}{2} \)  4-7-9-0 Estimated
William Galons per Dayl	• .7_/ Estimated
Maximum Daily Flow .6030	• <u>6480</u>
V -or Galons per Davi	
Tata Annual Flow 147.7000	145.7000
Vilon Garons per Year)	
3 THE DE WASTEMATER (each outfall must add to 100%)	
- Process	€ "Do not enter
	dec mal or
1: Nanuantact Cooling 99	fraction'
	_
's Canitary Sewage	_ <u> </u>
FOR ADDITIONAL CUTTALLS, CUPY ADDITIONAL FORMS FF	THE PARTY OF INICIDIAL PROPERTY
DNR USE ONLY	
_	
D= 302 DU, C2 C.M N Diff, 7 LSA: Y	
FORM II PARAMETER REPORT LEVEL 40	
14 2 26 27 52	1 2 3 030019
	OK 030134
	<u> </u>
مسلما ليخبط ليبينيا لينبين	
	L
	•
	<u></u>

# VASTEWATER OUTFALL REPORT

SEE ANSTRUCTIONS ON PAGE-7 -	A, FACILITY NUMBER 030019				
DO NOT DUPLICATE 1982 COMPUTER	DNR USE OULY - ACTION				
PRINTED INFORMATION IF CORRECT	OK Delete New Change				
FOR 1983. ENTER ONLY	Initial 1 2 3.				
CORRECTIONS OR ADDITIONS.	B. OUTFALL NUMBER AS YOU				
	HEFER TO IT				
	C MONTHLY CPERATING				
	REPORT NUMBER 030138				
1982 MONITORING YEAR	1983 MONITORING YEAR				
	Report data for the 1933 if different from 1982 calendar				
The contraction is currently on our files. Use the data as reference	year If this outfall was never used during 1983 and				
cultable form. Enter new or changed data at right.	is permanently discontinued, check this box——				
Tourse Bones and Course	al . let : i				
Number of available), give	Parling motor authall through a 36"				
word description of wastewater,	Cooling water out fall through a 36" concrete sewer. Located				
suffair and inscation at right	LAT. 42027'454, LONG 8541'46"				
E DISCHARGE TYPE					
Surface Waters (niver stream, drain storm sewer,     Island and approximately stream)					
lake, etc., give name of receiving water ut right) 2. Lagono, or Seenage Pond With No Outlets					
Lagoon or Seepage Pond With No Outlets     Spray Irrigation					
3. Spray irrigation  4. Septic Tank - Tile Field	1				
5 Deep We'l Disposal	1				
5. Surface of Ground	1 1				
7 Other (describe at right)	KACAMAZOO River				
3 Municipal Sanitary Sewer (give name of municipality at right)					
F VCLUME OF DISCHARGE Average Daily Flow	Measured Estimated				
M lich Gairons per Day)	Estunated				
Maximum Daily Flow	8080				
V .on Gallons per Day)	- ·· , <del></del>				
Total Annual Flow 167.5000	12.5000				
Vi lion Gallons per Year)					
3 TYPE OF WASTEWATER (each outfall must add to 100%)					
÷ Process	% (Do not enter				
- Noncontact Cooling 100	dec mall or fraction!				
*a Noncontact Cooking					
% Santary Sewage	<u></u> %				
FOR ADDITIONAL OUTFALLS, COPY ADDITIONAL FORMS FR	ROM PAGE 9 OF INSTRUCTION BOOKLET				
DNR USE ONLY					
DF: 302 DU.; C2 C.M : N Diff.: 7 I.S.A.: Y					
FORM II - PARAMETER REPORT LEVEL, 40					
2	Q 1 2 3. 030019				
	OK U30138				
<u> </u>	المحلنا لمحلنا لمحلنا لمنا				
صلحا لتلطا لطلط الثانا فتنطب وسيد	ا. لناجا للحان للحال الح				
	1_1 1_1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
563					
	7				

# WASTEWAIER OUTFALL REPORT

1983 20

SEE INSTRUCTIONS ON PAGE 7	A FACILITY NUMBER 038019
CO NOT DUPLICATE 1982 COMPUTER	
PRINTED INFORMATION IF CORRECT	DNR USE ONLY - ACTION
FOR 1983 ENTER ONLY	OK D. New Change
	Initial 1 2 3
CORRECTIONS OR ADDITIONS	B OUTFALL NUMBER AS YOU
	REFER TO IT
	C MONTHLY OPERATING
	REPORT NUMBER - 030171
1932 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 if different from 1982 calendar
on a currently on our files. Use the data as reference	year If this outfall was never used during 1983 and
m E ter new or changed data at right	is permanently discontinued, check this box—
30AY ON	
5 32 and Section 30000000	
- 1.3 lable , give	Aenation Pond Discharge +troughable
of wastewater,	Steel pipe Cocated
, " m - gh.	CAT 40 27 48" LONG. 85"41" 26"
3. Noters inver stream drain, storm sewer,	
- ': a - of receiving water at right)	
. Seedage Pond With No Outlets	
Salur gaton	
'-u' Tank T'e Field	
r VA Disposa r → Grants	
CHEC DE RECORD	KALAMAZOO RIVER
Salitation Salitation igive name of municipality at right)	7/1/6/1/1/200 1/1/2/2
33 1. 33. Figure harte of municipality at highly	
	15380 Measured
.5570	Estimated E
71-	8160
1,0080	-
203,3000	196.5000
203,3000	
- U ASTEWATER (each outfall must add to 100%)	
200	1 1 1 2 (02 24 24 24 24 24 24 24 24 24 24 24 24 24
	% (Do not enter decimal or
fact Cooling	fraction)
orra Sewage	<u></u> %
274 ADDITIONAL OUTFAILS, COPY ADDITIONAL FORMS FR	OM PAGE 9 OF INSTRUCTION ROCKLET
— DNR USE ONLY	
332 DU CZ C.M N Diff 7 I.S.A. Y	
- PARAMETER REPORT LEVEL 40	
2 20 27 50 52	_ 1 2 3. 030v19
	O30171
▼	
	•
	' ' _ ' '             _   _   _     _
<i>5</i> 63	)3

## CRITICAL MATERIALS REPORT

1983 30

Required by Act 293, P.A. 1972

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPUTER	A. FACILITY NUMBER 0300	19
PRINTED INFORMATION IF CORRECT	UNR USE C / - ACTION	
FOR 1983 ENTER ONLY CORRECTIONS OR ADDITIONS	Initial OX Delete New (	Change
CALINCAL MATERIAL NAME:	C. CRITICAL MATERIAL CLASSO	11
ARSENIC	PARAMETER NUMBER —— [ CE1130 ]	
time material in Item B is purchased for use describe the us	e by marking one or	

	or the following.
	ormiated or resold without change
_ (	isalt in production process
_ 、	set in non-production activity (pilot plant, maintenance etc.)
	ren-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)
	ornar (describe)
	manufacture the material in Item B mark one or more of the following.
	roduced for use as an intermediate or ingredient in
_	nother on-site production process
_	roduced as contaminant or by-product
	the .describe;

		O lbs.
1	•	less than 1 lb
2	-	1 - 10 lbs.
3	-	11 - 100 ibs.
4	-	101 - 500 lbs
5	-	501 - 1000 lbs
6	-	1001 - 10,000 lbs.
7	-	over 10,000 ibs

TABLE A1

	1982 MONITORING YEAR	1983 MONITORING YEAR
i	TOOL MOIST CHIEF FROM	Report data for the 1983 calendar year. If this critical
	- Intedictumation is currently on our files. Use the data as reference	material was never used or discharged during 1983
	Let the form Enter new or changed data at right.	and is permanently discontinued check this box—
$\mathbf{H}$	- " u" c" tem B Used or	die de permanent, enseement en een een een een een een een een e
	Will unditined per year	-
	Sue Tubil A1 for code number)	<u> </u>
	tiple 10 000 lbs yr , indicate	
	tour time nearest 10 000 lbs	
==-	atu amount of item B that was	
	. may have been <u>Discharged</u> in <b>3</b>	<u>3</u>
	v. seacter per year. (See Table At	<u> </u>
	fur cade number) If over 10,000	
	ts are indicate amount to nearest	
	13 000 lbs	
	Surfail numbers on Form II which	
	discharge this critical material.	Amount 2 3 2 1 : :
	4 mount of Item B discharge out	Almount of the first of the fir
	e.ch outfall	Outoi 3'62 305 2014 111 111
	site Table A1 for code number)	Outron See See See See See See See See See Se
3	Amount of Item B that was or may	
	been contained in residuals 3	
	ier lear (See Tabla A1 for code	• j
	number if over 10,000 lbs./yr.,	<u> </u>
	ndicate amount to nearest 10,000	
	bs (r > Q submit Form IV)	
ч	Check here if you want the	
	information in Item D and E	
	to remain confidential	<del></del>
	as provided by Section 6b	
_	of Act 293 and Rule 235(4).	

HEVEN 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. THE PERCENTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION ROOKLET

MEVASHA CORE

A. FACILITY NUMBER

C. CRITICAL MATERIAL

PARAMETER NUMBER

## CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983

930019

CLASS012

TABLE A1

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

DNR USE ONLY - ACTION Change Delete Initial

LRITICAL MATERIAL NAME:

BERYLLIUM

(Page 12-13) three material in Item B is purchased for use describe the use by marking one or

hate of the following

formulated or resold without change

used in production process

sed in non-production activity (pilot plant, maintenance etc.)

con-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)

other (describe) \_\_

Livou manufacture the material in Item 8 mark one or more of the following.

manufactured for sale

produced for use as an intermediate or ingredient in

another on-site production process

\_ produced as contaminant or by-product

other (describe) \_\_

iess than 1 ib - 10 lbs. 11 - 100 lbs. 101 - 500 lbs. 501 - 1000 lbs. 1001 - 10,000 lbs. over 10,000 lbs

- C ibs.

1982 MONITORING YE	AR	1993 MONITORING YEAR
		Report data for the 1983 calendar year. If this critical
The printed information is currently on our files.	Use the data as reference	material was never used or discharged during 1983
ing out the form. Enter new or changed	data at right.	and is permanently discontinued, check this box—>
Impunt or item B <u>Used</u> or		
lanutactured per year	o	
See Table A1 for code number)		
if over 10,000 lbs./yr., indicate	•	
amount to nearest 10,000 lbs		
jura amount of Item B that was		
o, may have been Discharged in -2		<u>.2</u> ,
hastewater per year (See Table A1	!	
for Lode number). If over 10 000		
ts yr, indicate amount to nearest		
10.000 fbs.		
Cuttell numbers on Form II which		
discharge this critical material.		Amount 2 2 2 L
Amount of Item B discharged out	į	
each cutfail 001	002 003 004	Outfall 001 002 003 0014
See Table A1 for code number,		
1. Arnount of Item 8 that was or may	}	
have been contained in residuals. 1		
per year (See Table A1 for code		
number; If over 10,000 lbs./yr.,		
ಭಾರ cate amount . nearest 10,000		
ibs alf > 0, submit Form (V)		
- Check nine if you want the		
nformation in Item D and E		
to remain confidential	İ	
at provided by Section 6b	ì	
or Act 293 and Rule 235(4).		

PEV.EW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. PEPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

CRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1983 **30** 

030019

CLASS017

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983 ENTER ONLY CORRECTIONS OR ADDITIONS

A FACILITY NUMBER -DNR USE ONLY - ACTION Nev Initial C. CRITICAL MATERIAL

MENASUA

PARAMETER NUMBER-

TITICAL MATERIAL NAME

COSSEC

(Page 12 13) e material in item B is purchased for use describe the use by marking one of

a of the following

form lated or resold without change

used in production process

and in non-production activity (pilot plant, maintenance etc.)

consumptive use the PCB's contained in transformers, capacitors, etc.)

zu manufacture the material in Item B mark one or more of the following

manufactured for sale

produced for use as an intermediate or ingredient in

and their on-site production process

. Buded as contaminant or by-product

. - describe, \_\_\_\_\_\_

TABLE A1 0 = 0 15= less than 1 lb 1 - 10 lbs. 11 - 100 lbs 101 - 520 lbs 5 = 5G1 - 1000 lbs 6 = 1001 - 10,000 lbs. = over 10,000 lbs

1982 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 calendar year. If this critical
thed instruction is currently on our files. Use the data as reference	material was never used or discharged during 1983
out the form. Enter new or changed data at right	and is permanently discontinued check this box —
: cr. ram B used or	
ruta fured per year 0	· <u> </u>
- Table All for code number)	
1 Liver: 10,000 lbs lyr Indicate	<u> </u>
- rount to nearest 10 000 bs	
Tiral amount of Item B that was	
ma. make been <u>Dispharged in </u> 5	
. texuter per year (See Table A)	
townumber) If over 10,000	
- indicate amount to nearest	
'U 000 'ps	
Cutts' numbers on Form II which	
dischalge this critical material	Amount 3, 14, 18; 13; 14
= mount of item B discharged out	Amount 3 14 14 13 14
erith outrain	Outfall 001 002 003 004 005
See Table At for code number,	
-Tiunt of item 3 that was or may	
Term been contained in residuals: 4	
er legr See Table All for code	ل <b>3</b> .
-t 1° over 10,000 lbs/yr,	_
nincare amount to nearest 10,000	
es " > 0. submit Form IV)	<del></del>
Chack here if you want the	
mormation in Item D and E	
** emain confidential	
· provided by Section 6b	

- EW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS DRING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

030019

MENASHA COPP

A. FACILITY NUMBER

CPITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

1983 **30** 

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPLITER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

... other (describe) \_\_\_\_\_

DNR USE JNEY - ACTION Change

65266	[Initial	
CRITICAL MATERIAL NAME:	C. CRITICAL MATERIA	
CYAMIDES	PARAMETER NUM! (Page 12-13)	BER
fitne material in Item B is purchased for use describe the use	by marking one or	
gare of the following.		
termulated or resold without change		
used in production process		
used in non-production activity (pilot plant, maintenance el	tc.)	
non-consumptive use (i.e. PCB's contained in transformers,	, Lapacitors, etc.)	· ·
other (describe)		TABLE A1
1_you manufacture the material in Item B mark one or more of manufactured for sale	of the following.	0 = 0 ibs 1 = less than 1 ib. 2 = 1 - 10 ibs. 3 - 11 - 100 ibs.
_ produced for use as an intermediate or ingredient in		4 = 101 - 500 ibs. 5 = 501 - 1000 ibs
another on-site production process		6 = 1001 - 10,000 ibs.
produced as contaminant or by-product		7 = over 10,000 lbs.

1982 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 calendar year. If this critical
arinted information is currently on our files. Use the data as reference	material was never used or discharged during 1983
g but the form. Enter new or changed data at right.	and is permanently discontinued, check this box——[]
A niture item 8 Used or	
Manufyot. di per year 0	
See Table A1 for code number)	
tilever 10,000 lbs lyr., indicate	
implicit to hearest 10.000 lhs.	
The amount or Item B that was	,
r may, have been <u>Discharged</u> in <b>3</b>	$\mathcal{L}'$
isteviater per year. (See Table At	<del>- T</del> ·
th code number). If over 10,000	
ts yr indicate amount to nearest	
(1),000 lbs.	
Cutfall numbers on Form II which	
discharge this critical material.	Amount 3 2
Amount of Item Bildischarged out	
each outfall. ~~003.004	Outfall 603 004
See Table A1 for code number)	
Amount of item 8 that was or may	
have been contained in residuals 3	·*** .
cer year (See Table A1 for code	<u>.</u>
number) if over 10,000 lbs./yr.,	<b></b> ,
-dicate amount i nearest 10,000	
'5s. (if > 0, submit Form IV)	
Chark here if you want the	
oformation in Item D and E	
to remain confidential	<u></u>
as provided by Section 60	
of Act 293 and Rule 235(4).	

PEVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET .

TRITICAL MATERIALS REPORT

Required by Act 293, PA 1972

1583 30

030019

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983 ENTER ONLY CORRECTIONS OF ADDITIONS

. DNR USE ONLY - ACTION Delete OK Change 3 Iratial

מבתה ביים בחסם

A FACILITY NUMBER -

CRICAL MATERIAL NAME:

another on-site production process

other (describe) \_\_\_\_\_

produced as contaminant or by-product

CABL

C. CRITICAL MATERIAL CLASS019 PARAMETER NUMBER-

V	age	12-13
The material in Item B is purchased for use describe the use by marking	g one	or
mare of the following		
formulated or resold without change		
used in production process		
sed in non-production activity (pilot plant, maintenance etc.)		
non-consumptive use (i.e. PCB's contained in transformers, capacitors	, etc.)	)
other (describe)		
Expu manufacture the material in Item B mark one or more of the follo	wing.	
manufactured for sale	•	
produced for use as an intermediate or ingredient in		

= 0 lbs. less than 1 lb 1 - 10 lbs. - 11 - 100 lbs.

TABLE A1

= 101 - 500 ibs = 501 - 1000 ibs = 1001 - 10,000 lbs. = over 10,000 lbs

1982 MONITORING YEA	AR	1983 MONITORING YEAR
		Report data for the 1983 calendar year If this critical
The printed information is currently on our files.		material was never used or discharged during 1983
. ng cut the form. Enter new or changed of	data af right.	and is permanently discontinued, check this box—
E Amount of Item B Used or		
<u>Manufactured</u> per year	J	
See Table A1 for code number)		
ricver 10,000 lbs yri, indicate		
amount to nearest 10,000 lbs.		
Total amount of Item B that was		
or may have been <u>Discharged</u> in 0		<u> </u>
wastewater per year (See Table At		
for code number). If over 10,000		
to nearest		
10,000 lbs.		
Outfail numbers on Form II which		
discharge this critical material.		Amount
Amount of Item B discharged out		
each outfall. 002 0	103	Outfall
(See Table A1 for code number)		
G Amount of Item B that was or may		in the same of the
have been contained in residuals. 5	}	·
cer year (See Table A1 for code		11
numbers if over 10.000 lbs./yr.,	ł	
naicate amount to hearest 10,000		
bs (If > 0, submit Form IV)		
- Crick here if you want the		
information in Item D and E		
to remein confidential		
es provided by Section 66		
of Act 293 and Rule 235(4).		

PEV.SW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. FIR FEPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

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### TORM III

## Ch. IICAL MATERIALS REPORT

Required by Act 293, PA 1972

1983

SEE INSTRUCTIONS ON PAGE 10 DO NOT DUPLICATE 1982 COMPUTER PRINTED INFORMATION IF CORRECT FOR 1983. ENTER ONLY CORRECTIONS OR ADDITIONS

A. FACILITY NUMBER 030019

DNR USE UNLY - ACTION

Date New Change
1 2 3

CT TOAL MATERIAL NAME. C. CRITICAL MATERIAL CLASS022 PARAMETER NUMBER HICKEL (Page 12-13) he material in Item B is purchased for use describe the use by marking one or re of the following. termulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) no reconsumptive use (i.e. PCB's contained in transformers, capacitors, etc.) TABLE A1 = 9 lbs = less than 1 ib. \_\_\_ou manufacture the material in Item B mark one or more of the following 2 = 1 - 10 lbs $3 - 11 \cdot 100 \text{ lbs}$ manufactured for sale = 101 - 500 lbs. produced for use as an intermediate or ingredient in 5 = 501 - 1000 lbs. 6 = 1001 - 10,000 lbs. another on-site production process \_\_ produced as contaminant or by-product = over 10,000 lbs other 'describe)

1982 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 calendar year. If this critical
The primed information is currently on our files. Use the data as reference	material was never used or discharged during 1983
ning out the form. Enter has or changed data at right	and is permaneritly discontinued, check this box
4 Amount of Item B Used or	
Manufactu <u>red</u> per year 0	
See Table A1 for code number;	
if over 10,000 lbs vr., indicate	
amount to nearest 10,000 lbs	
Total amount or item B that was	
a may have been <u>Discharged</u> in 4	
wastewarer per year. (See Table A1	
for cude number). If over 10,000	
as vr. indicate amount to nearest	
19.000 tbs	
Outfall numbers on Form II which	,
tischarge this critical muterial	Amount 4
Amount of Item B discharged out	
each outfall Câ3	Outfall 903
See Tarie Allifor code number)	
्रिक-Ar punt prefitem 8 that was or may	
have been contained in residuals. 3	
per year. See Table A1 for code	
number) If over 10,000 lbs./yr,	
adicate amount in nearest 10,000	
ts (If > 0 submit Form IV)	
→ Chuak here if you want the	
ntormation in Item D and E	
to remain confidential	<u> </u>
as provided by Section 6b	1
of Act 393 and Bule 335(4)	1

PEVIEW 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY AUDITIONAL CRITICAL MATERIALS FEPORT NO ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET

5641

### CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

1983 **30** 

SEE INSTRUCTIONS ON PAGE 10
DO NOT DUPLICATE 1982 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1983 ENTER ONLY
CURRECTIONS ON ADDITIONS

DNR USE ONLY - ACTION

Initial Plants New Change

C CRITICAL MATERIAL

PARAMETER NUMBER-

" JA. MATERIAL NAME

ZI..C

(Page 12-13)

The result in Item. B is purchased for use describe the use by marking one or

e of this following

formulated or resold without change

and a production process

used non-production activity (pilot plant, maintenance etc.)

issumptive use (i.e. PCB's contained in transformers, capacitors, etc.)

othe describe) .\_\_\_\_

the material in Item B mark one or more of the following

manutactured for sale

produced for use as an intermediate or ingredient in

arminer on-site production process

" led as contaminant or by product

othal describer

TABLE A1

0 = 0 lbs
1 = Mess than 1 lb
2 - 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10,000 lbs
7 = over 10,000 lbs

CLASSU27

1932 MONITORING YEAR	1983 MONITORING YEAR
	Report data for the 1983 calendar year if this critical
sometimes of something of our files. Use the data as reference	material was never used or discharged during 1983
. Let the time Enter new or changed data at right	and is permanently discontinued check this box—
on the second se	1
At the inde number,	_
. Library and care	<u> </u>
. s rest 10 000 lbs	
e be. Discharged in 5	
_ r per veer (See Table A1	
a miter if over 10 noo	<u> </u>
nd rure inmountato nea est	
~	
Curran numbers on Form II which	
The this critical material	Amount 13 14 4 3 14
n um or Itam Bidischaiged but	
201 002 603 004 005	Amount 13 14 4 3 14 Out 31 COL 1002 003 004 005
e a Table A1 for code number)	
int in em B that was or may	
hien corkained in residuals 6	
der lar "See Table A1 for code	<u>5</u>
umber if over 10,000 lbs/yr,	 
ndicate amount to nearest 10,000	
cs + > 0. submit Form IV)	
Check the airt you want tha	
no mation in Item D and E	
tu lemun confidential	
s crowded by Section 6b	
of Act 233 and Rule 235(4)	

ELEN 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS -URTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION POOKLET

- F.7 1983 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
- NG 400 TIONAL CRITICAL MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

1ct 133 and Rule 235(4)

# FORM IV RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT

1980
1982-
• 56

	•	i in including
		A FACILITY NUM - 13 0 0 1/19
		DNR USE ONLY - ACTION
		OK celete New Change
	COMPLETION OF FORM IV IS REQUIRED	B Production Process Residual (P) or Wastewater
	ONLY WHEN RESIDUALS AND RESIDUES	Treatment Residual (W) or Combination (C)
	CONTAIN CRITICAL MATERIALS	C FHYSICAL STATE
		1=liquid 2 theory sludge 1-wet solid 4=dry solid
	1981 MONITORING YEAR	Report data for the 1982 calendar year If this
•	sprinted information is currently on our files. Use the data as reference	residual contained no 2 total Materials during 1982
	1 14 out the form Enter new or changed data at right	check this box
٠.	r'arameter number(s)	
	of entical material	CLANSING RIPHICIPALES
	present in re-idual	CLANS 17 CLASS
	Form IV must be accompanied by Furm III	Service of the servic
	for each Critical Material	1 - 1 5 2 2 1 2 Kai 1 1 1 1 8:1 2
	isted in the residual)	L. L. A. S > A 18
		Let Harry 1
		CI MESCIT
	The Park	ere . i.
	The Profession Program of the Profession of the	than the second
	The Nove Results From	
	that we fire we on	inan thee limited in the second
	L. F Project -	Dec 157 m
	3 👫	
-	4 P Colect	!
	r Aare Trea ent	
	7/ Pro ess Water	
	8 Surrary Sewage	
	9 Other idescribe at right	
	Estimated Total Residua	91/22000 8 0000
	Annual Volume or Weight	12.7 = 2.5 1.5. GT 16 - 6.5% GUT
	Storage Bufore Cuposal or Removal	e '8' 70 °°
	1) Metal Drums	b that here
	2, Fiber Drums	∍er to m
	3, Abr e Ground Tank	
	4 . nderground lank 5 Stock pixed on Ground	
	6 Holding PondyLagoon	
	7 Other (specify at right)	
	if You Dispose of the Residue Yourself	, genter no more
	Type of Disposal Site	than hree choices
	1) Public Landfill 2) Private Landfill	pe form
	2) Private Landfill 3) Own Land	
	4) Shipped Out of State	
	5) incinerated	Programa was
_	6) Other (specify at right)	
	COMPLETE REVERSE SIDE (	E ECOA!

" it public or private landfill(s) is used give the name(s) and location(s). Attach separ	rate list if necessary.
ittoched List. The residual is u	1 75 a
2011 Conditioner on form Lamb	
the state of the s	· · · · · · · · · · · · · · · · · · ·
tuve the material removed by commercic waste or refuse hauler(s) give the same superate list if necessary	ume(s) and address(es).
,	
· · · · · · · · · · · · · · · · · · ·	
For additional residuals, please copy additional forms from page 17 of i	

FORM I

GENERAL INFORMATION

MEN03313

1934 **1**0

Required by Act 293 PA 1972

SEE INSTRUCTIONS ON PAGE 3
DO NOT DUPLICATE 1983 COMPUTER
PRINTED INFORMATION IF CORRECT
FOR 1984 ENTER ONLY

Ά	FACILITY	NUMBER	<del></del>	[	3	: 119
Ī		D: USE		- AC		
last	iel	_	OK ]	Delete	New 2	Change 3.

CONTRACTOR OF ADDITIONS	OK Delete New Change
CORRECTIONS OR ADDITIONS	intial
- SEPARATE REPORT IS REQUIRED FOR EACH LUCATION AT	WHICH YOUR COMPANY DOES BUSINESS
other locations, place copy additional forms from page 5 of	
1 Do you or did you own or operate a busin as (commercial	or industrial) in the state of Michigan during any part of 1934
No. Skip questions 3 thru 12, sign the report, and see	page 19 for mailing instructions
X Yes In the space below briefly describe your business t	hen continue with question 2
p: 1000 soft. Composed of Now-Suffur Semi-Chemi	cine corrugated medium of, 267, 33, 36, and 4 currounted.
2 Vailing Address	If the plant location is different than the location of the
	facility to which this form is mailed indicate the address
42,4514 32	of the plant location below
analist of the	Clara Alama
32 FAR 1- ST	Plant Name
315_Gu 41 49 75	
	Address
t any part of the mailing audress is incorrect please	
upgate innorrect line's: only below	
f you have sold the business to the person listed be	City & State
ow pie sa check here L.I	
Name of Company	
Plant Lication Attr	
Street Altiress or P.O. Box	
C-14	State Zip
1983 MONITORING YEAR	1984 MONITORING YEAR
printed information is currently on our files. Use the data as ref	
end of the form. Enter new or changed data at right	different from 1000 data
EPA identification Number	and the same of th
(if avariable)	MID 006012405
Star in Industrial	
ীয় া from Code isse page 4)	
. To the prant luration	
	, !
COMPLETE REVERS	
טועה טס:	VINET

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PR 4883~

## FORM II WASTEWATER OUTFALL REPORT

Required by Act 293, PA 1977

1984

436019 A. FACILITY NUMBER --SEE NATRUCTIONS ON PAGE 7 DNR USE ONLY - TICH LO NOT DUPLICATE 1983 COMPUTER LAPTED AFORMATION IF CURRECT 2.1 FOR 1984 ENTER ONLY Instial 5. OUTFALL NUMBER AS YOU CORRECTIONS OR ADDITIONS REFER TO IT -235 C. MONTHLY OPERATING REPORT NUMBER -**636253** 1983 MONITORING YEAR 1984 MONITORING YEAR Report data for the 1984 if different from 1983 calendar and in a currently on our files. Use the data as reference year If this outfall was never used during 1984 and nor in her new or changed data at right is permanently discontinued, check this box -2047 J.N 2,3,362 Range and Section turbine Condenser wooling water through a 21" steel pipe. Located ovarson give tio or lustewater. i dat in di right LAT. 43° 27,48 ", LONG. 85° 41' 23" .-.- "Y": , 1 Waters the stream drain, storm sewer, give name of receiving water at right) Seedung Pond Mit. No Outlets **-** 2 · ; ·· Gro. برجو ويعل KALAMAZOO RIVER Contin Sewer are name of municipality at rights 0.5044308 Measured 🔀 ÷. . 6.3045 Estimated 2.7:77. : -7.3150 っっぱは sr- 0 5 100 23071.3800 \_ 2443 . 1020 . ASTER ATER reach outfall must add to 100%; (Do not enter decimal or \_100 6.5 fraction)

THE OFFICE COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

TYPE OF WASTEV, ATER teach outfall must add to 100%)

V th Gallons per Day Tate Annual Flow

March Garons per Year

Neumartact Chaling

(Do not enter decimal or fractioni

11.01/1680

20.8800

A NOTE TO A 1.7 COPY ADDITIONAL HOPMS FROM PAGE 9 OF INSTRUCTION BOOK ET

PR 4938 5

## FORM !!

## WASTEWATER OUTFALL REPORT

1984 20

Required by Act 293 PA 1972

**030019** A. FACILITY NUMBER -SEE INSTRUCTIONS ON PAGE 7 ACTION ONR USE C' DO NOT DUPLICATE 1983 COMPUTER Delete Change ". LITE, INFORMATION IF CORRECT 3.\_\_\_ FOR 1994 ENTER ONLY B. OUTFALL NUMBER AS YOU CORRECTIONS OR ADDITIONS REFER TO IT -C. MONTHLY OPERATING REPORT NUMBER -030134 1984 MONITORING YEAR 1983 MONITORING YEAR Report data for the 1984 if different from 1983 calendar minto: htermation is currently on our files. Use the data as reference year if this outfall was never used during 1984 and is permanently discontinued, check this box ---is as the form. Enter new or changed data at right. DUTFALL LOCATION CENTOROR Tranship Range, and Section SMALL ARRAMEN PERD OUT fail. Through AN 2" STEEL PIPE, LOCATED "sumper it available); give ...ord description of wastewater, .\*\* and tocation at right LAT 42 27 46", LONG. 85 41 42" DISCHARGE TYPE. 1 Surface Waters Inver. stream, drain, storm sewer, 13×e etc. give name of receiving water at right) Lilagoon or Seepage Pond With No Outlets 3 Spray Irrigation Sept : Tank Tile Field Net Netl Disposa-Surface of Ground Other cesanbe at right, KACAMAZOC RIVER 3 Minispal Sanitary Sewer (give name of municipality at right) JULY TE OF DISCHAPGE Average Daily Flow Measured 🔀 • 4750 Estimated Maximum Daily Flow . 6560 ♥ on Galons per Day\* Tata Annual Flow 173.80,00 THE OF WASTEWATER (each outfail must add to 100%) : • • • (Do not enter decimal or Turn Cooling traction)

THE NEW YORK ALLS COPY ADDITIONAL FORMS FROM PAGE 9 OF INSTRUCTION BOOKLET

## FORM II WASTEWATER OUTFALL REPORT

erija phebijes

Required by Act 23: PA 1972

A. FACILITY NUMBER -.301.9 BEE INSTRUCTIONS ON PAGE 7 SE DNLY - ACTION F. NOT DUCHDATE 1985 COMPLETE Change "LTID INFORMATION IF TORRECT 177, 1984 ENTER O. .... B. OUTFALL NUMBER AS YOU CORRECTIONS OR ADDITIONAL PETER TO IT ---C-1 C. MONTHLY CPERATING REPORT NUMBER v3v138 1983 MONITORING YEAR 1984 MONITORING YEAR Report data for the 1984 if different from 1983 calendar year. If this outfall was never used during 1984 and - number information is currently on our files. Use the data as reference glout the form. Enter new or changed data at light is permanently discontinued, check this box -DUTFALL LOCATION Cooling water outfall through a 36' concrete sewer. Lecuted 3.327232 Township Range, and Section Number 'if available); give word description of wastewater nutta + and location at right LAT 43° 27'45, LONG 85 41'46" DISCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, laks etc.; give name of receiving water at right! Leggon or Seepage Pond With No Outlets 3 Sprin Irrigation 4 Sept o Fank - The Field 5 Deep Well Disposal 5 Surface of Ground KALAMA-ZOO RIVER Other (describe at right) 5 Municipal Sanitary Sewer ,give name of municipality at right) VOLUME OF DISCHARGE • 1490 Measured & Estimated Avelage Daily Flow Million Gallons per Day 3050 Maximum Daily Flow William Gallonsuper David Total Annual Flow 54.5880 TYPE IF WASTEWATER (each outfall must add to 100%) Process (Do not enter decentar or Noncontact Cooking fractions

مهرن پره

## FORM II WASTEWATER OUTFALL REPORT

Required by Act 293 PA 1972

1984 20

030019 A. FACILITY NUMBER ----SEE INSTRUCTIONS ON PAGE 7 DAR US ONLY - ACTION TO NOT DUPLICATE 1983 COMPUTER PRINTED INFORMATION IF CORRECT insta! FOR 1984 EXTER ONLY B. OUTFALL NUMBER AS YOU CORRECTIONS OR ADDITIONS REFER TO IT -C. MONTHLY OPERATING REPORT MUMBER --030171 1984 MONITORING YEAR 1983 MONITORING YEAR Report data for the 1984 if different from 1993 calendar \*\* , information is currently on our files. Use the data as reference year If this cutfall was never used during 1984 and great are form. Enter new or changed data at right is permanently discontinued, check this box -TFALL LOCATION ABENTIAL POND discharge througha 327,00%. Tumpship Range, and Section "... iber in availablet, give 21º STEEL PIPE LOCATED. in description of wastewater, LAT 42°27'48", LONE 85"4126" . 13 and location at right J SCHARGE TYPE 1 Surface Waters (river, stream, drain, storm sewer, ake etc. give name of receiving water at right) I Lan . For Seepage Pond With No Outrets \_ Splin \_ ation : Sept. Tank - Tie Field The We Disposa a Surin : et Ground KALAMAZOC RIVER Coner idescribe at righti - Candida Sanitar, Sawer (give name of municipality at right . JLUNE OF DISCHARGE . 5100 Measured Estimateu - erage Jai'v Flow No on Gallons per Day "Lichich Daily Flow .7720 1. John Gattons per Dayl ... This Annual Flow 186.8400. ∵ on Galluns per Year) \_\_\_\_ \_ 12a • 22 \_\_\_\_ THRE OF MASTEVIATER (each outfall must add to 100%) 199 P 30150 100 not enter decimal or martin Collans fractions ٠.٧

MAIL EJMPLETED FORM TO: Michigan Dispertures of Natural Resources Act 293 Reports Ber 30028

# FORM III CRITICAL MATERIALS REPORT

Requires by Act 293, P.A. 1972

1934 30

	A. FACILITY NUMBER	030011
,	DHR USE ON	LY - ACTION
	OK	Delete New Change
	tration	1 - 3
B. CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL PARAMETER NUMBER	1 5 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MERCURY	(Page 12-13)	Elelus Die Bu
D. If the material in Item 8 is purchased for use describe the use by m	arking one or	
more of the following.		
formulated or resold without change		``
used in production process		
used in non-production activity (pilot plant, maintenance etc.)		
non-consumptive use (i.e. PCB's contained in transformers, capa	icitors, etc.)	, i
other (describe)		TABLE A1
		0 - 0 fbs.
If you manufacture the material in Item B mark one or more of the	followera.	1 - loss than 1 lb.
manufactured for sale		2 = 1 - 10 lbs. 3 = 11 - 100 lbs.
produced for use as an intermediate or ingredient in	1	4 = 101 - 500 lbs.
another on-site production process	. [	5 = 501 - 1000 fbs. 6 = 1001 - 10.000 fbs.
produced as contaminant or by-product	I	7 = over 10.000 ibs.
other (describe)	į	
1983 MONITORING YEAR	1984 MONI	TORING YEAR
· ·	Report data for the 1984	calendar year. If this critical
The primad information is currently on our files. Use the data as reference		or discharged during 1984
in filling out the form. Enter new or changed data at right.	and is permanently discort	inued, check this box-
E. Amount of Item B Used or		
Manufactured per year	<b>O</b> :	
(See Table A1 for code number)		
If over 10,000 lbs./yr., indicate		
amount to nearest 10,000 lbs.	<del></del>	
F. Total amount of Item 8 that was	<del></del>	
or may have been Discharged in	!O1	
wastewater per year, (See Table A1	نعد	
for code number). If over 10.000		
bs_/yr., indicate amount to nearest	<u> </u>	<del>!i</del>
10.000 lbs.		
Outfail numbers on Form II which		
discharge this critical material.		
Amount of item 8 discharged out	Amount	
each outfail.		
	Outfall Line	لننا لننا
(See Table A1 for code number) G. Amount of Item B lat was or may		
have been contained in residuals	• •	
ps. year (See Table A1 for code		
number) If over 10,000 lbs./yr.,		
indicate amount to nearest 10,000	<u> </u>	<u></u>
the (If > 0, submit Form IV)		-
1. Mark an X if you want the information in		
Items D and E to remain confidential as	<u> </u>	
provided by Section 8b of Act 293 and		•
Pule 323.1235(4). Mark an N if you no longer		
want this information to remain confidential.		
Confidentiality should only be requested if the		
reported information will divulge proprietary processes.		
		— <del>-</del>

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.
FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOCKLET.

Page 15 PR 4888-6

# FORM !!! CRITICAL MATERIALS REPORT

1984

	in 10059		30
u	nang Dengan 48959 Required by Act 293. Pu	A. 1972	30
		A. FACILITY NUMBER -	-630019
		DAVID LICE CO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			ILY - ACTION
		Initial	Deiete New Changs
B.		C CRITICAL MATERIA PARAMETER NUMBER	00084 42
	di-n-buty L phthelate.	(Page 12-13)	
D.	If the material in Item B is purchased for use describe the use by more of the following.  formulated or issold without change	narking one of	
	used in production process		
	used in non-production activity (pilot plant, maintenance etc.)		
	non-consumptive use (i.e. PCB's contained in transformers, capa	ectors, etc.)	TAPLE A1
	Lui other (describe)		
			0 - 0 lbs.
	if you manufacture the material in Item B mark one or more of the	following.	2 - 1 - 10 Bs
	manufactured for sale		3 - 11 - 160 Rbs.
	produced for use as an intermediate or ingredient in		4 = 201 - 500 fbs. 5 = 501 - 1000 fbs.
	another on-site production process		6 - 1001 - 10.000 lbs.
	produced as contaminant or by-product		7 - over 10,000 lbs.
	criter (cescribe)		}
	1983 MONITORING YEAR	1984 MONI	TORING YEAR
	,	Report data for the 1984	calendar year. If this croical
The	printed information is currently on our files. Use the data as reference	1 '	or discharged during 1984
	fling out the form. Enter new or changed data at right.	and is permanently discont	•
	Amount of Item 3 Used or	1	
)	Manufactured per year	Ι <u>Ω</u> .	•
'	(See Table A1 for code number)	1	
	If over 10,000 lbs/yr., indicate	l	
	amount to nearest 10,000 lbs.		
Γ.	Total amount of Item 6 that was	1	
	or may have been <u>Discharged</u> in	1.31	
	wastewater per year. (See Table A1		
	for code number, if over 10,000	<u> </u>	<u> </u>
	lbs./yr., indicate amount to nearest		
	1C.COO ibs.		
	Currall numbers on Form II which		
	cischarge this critical material.	Amount 3:	
	Amount of Item B discharged out	211100H 3211 -	me termes to be a first to the second
	each outfail.	Outfall 0.02	
	(See Table A) for code number)	Ourran Lines L	
- G	Amount of item 3 that us or may		
J.	have been contained in residuals		
	•	. 0	
	per year (See Table A) for code	Q:	
	number; If over 10,000 lbs./yr.,		
	indicate amount to nearest 10,000	<u> </u>	_ <del></del>
	5s. (If > 0. submit Form (V)		
	Mark an X if you want the information in	·	•
	Items D and E to remain confidential as		
	crovided by Section 6b of Act 293 and		
	Hule 223.1235(4). Mark an N if you no longer		
	want this information to remain confidential.		
	Confidentiality should only be requested if the		
	reported information will divulge proprietary processus.		
		<del></del>	<del></del>

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS.

Page 15 PR 4888-6

CT MRC+ CSTS = VO3 JIAM TO

# FORM III

	CRITICAL MATERIAL	S REPORT	1984
Bax 30025 Livering, Michigan 28909 Required by Act 293, P.A. 1972			
		• • •	فالملطفلات -
	•	A. FACILITY NUMBER	030019
			LY - ACTION
		l ox	Delete New Change
		[Initial	1 2 3
B.	CRITICAL MATERIAL NAME:	C. CRITICAL MATERIAL	
	Tame Out Danielius	PARAMETER P"IMBER	CUASSONSI
	TOTAL CHROMILIM	(Page 12-13)	
D.	If the material in Item B is purchased for use describe the use by m	narking one or	
	more of the following.		
	formulated or resold without change		
	used in production process	•	
	used in non-production activity (pilot plant, maintenance etc.)		
	non-consumptive use (i.e. PCB's contained in transformers, capa	icitors, etc.)	
	Uther (describe)	·	TABLE A1
			0 - 0 202
	If_you manufacture the material in Item 8 mark one or more of the	fallowing.	1 = less thee ! b. 2 = 1 - 10 bs.
	manufactured for sale	-	3 - 11 - 100 lbs.
	produced for use as an intermediate or ingredient in		4 = 101 - 500 lbs.
	another on-site production process		5 = 501 - 1000 lbs. 5 = 1001 - 10,000 lbs.
	produced as contaminant or by-product		7 = over 10,000 ibs.
	Other (describe)	{	
	1983 MONITORING YEAR	1984 MONE	TORING YEAR
	•	Report data for the 1984	calendar year. If this critical
The	printed information is currently on our files. Use the data as reference	3	or discharged during 1984
ın t	tilling out the form. Enter new or changed data at right.	and is permanently discont	noued, check this hox—
Ē.	Amount of item 8 Used or		
	Manufactured per year	ر ک	
	(Sea Table At for code number)	1	
•	If over 10,000 lbs/yr., indicate		: 1 + t
	amount to nearest 10,000 lbs.	<u> </u>	
F.	Total amount of Item 8 that was		
	or may have been Discharged in	6	
	wastewater per year. (See Table A1	===	
	for code numbers. If over 10,000		1 1 1 1
	Ds_Vr_ indicate amount to rearest	( <u> </u>	<del></del>
	10.000 lbs.		
	Outfall numbers on Form II which		
	discharge this critical material.	Amount 13: 14	14 13 15
	Amount of Item 9 discharged out		
		م بالسام المالية	न क्षा करते करते
	each outfall		
	each outfall. /See Table A1 for code numbers	Outfail EV7: 600	E Sera GELL SOR
G	(See Table A1 for code number)	Outfail PD7: iCC	S Seri seri seri
G.	(See Table A1 for code number) Amount of Item B that was or may	Outfail EV7. O.C.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
G.	(See Table A1 for code number) Amount of Item B that was or may have been containe in residuals		
G.	(See Table A1 for code number) Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code	Outfail EDY. 100	
G.	(See Table A1 for code number) Amount of Item 3 that was or may have been contains in residuals per year (See Table A1 for code number) If over 10,000 bs/yr.,		
G.	(See Table A1 for code number) Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 bs/yr., edicate amount to nearest 10,000		
	(See Table A1 for code number) Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 fbs./yr., edicate amount to nearest 10,000 fbs. (If > 0, submit Form IV)		
H.	(See Table A1 for code number)  Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 fbs./yr., indicate amount to nearest 10,000 fbs. (If > 0, submit Form IV)  Mark an X if you want the information in		
н.	(See Table A1 for code number)  Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 fbs./yr., indicate amount to nearest 10,000 fbs. (If > 0, submit Form IV)  Mark an X if you want the information in Items D and E to remain confidential as		
H.	(See Table A1 for code number)  Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 fbs./yr., indicate amount to nearest 10,000 fbs. (If > 0, submit Form IV)  Mark an X if you want the information in Items D and E to remain confidential as provided by Section 6b of Act 293 and		
H.	(See Table A1 for code number)  Amount of Item 3 that was or may have been containe in residuals per year (See Table A1 for code number) If over 10,000 fbs./yr., indicate amount to nearest 10,000 fbs. (If > 0, submit Form IV)  Mark an X if you want the information in Items D and E to remain confidential as		

REVIEW 1984 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS, FOR REPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKLET.

reported information will divulge propnetary processes.

Page 15 PN 4853-8

CONTINUE FORM TO	III MXO1		
talen was a trick herow Persontary (T. T. Fallists)	CRITICAL MATERIAL	S REPORT	1984
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FEV P.M. 1384 CRITICAL MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS. PREPORTING ADDITIONAL CRITICAL MATERIALS, PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BOOKET.

Page 15 PR 4888-8

101 - 500 lbs.

501 - 1000 lbs.

over 10,000 lbs.

1001 - 10,000 fbs.

## FORM III

SEE INSTRUCTIONS ON PAGE 40 .

DO NOT DUPLICATE 1983 COMPUTER PRINTED INFORMATION IF CORPECT

FOR 1984 ENTER CNLY

produced for use as an intermediate or ingredient in

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CRITICAL MATERIALS REPORT

1984 30

Required by Act 293, PA 1972

A. FACILITY NUMBER -

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CORRECTIONS OR ADDITIONS CRITICAL MATERIAL NAME C. CRITICAL MATERIAL PARAMETER NUMBER-33117817 BIS (2-ETHYLHEXYL 1: PHIHALATE .... (Page 12-13) the material in Item B is purchased for use describe the use by marking one or more of the following . \_ formulated or resold without change used in production process used in non-production activity (pilot plant, maintenance etc.) and consumptive use (i.e. PCB's contained in transformers, capacitors, etc.) TABLE A1 other (describe) O Ibs. ins than 1 to you manufacture the material in Item B mark one or more of the following - 1 - 10 lbs man tractured for sale = 11 - 100 lbs.

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# FORM III CRITICAL MATERIALS REPORT

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1984 30

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10 MOT DUPLICATE 1980 COMPUTED - A. FA

PRINTED INFORMATION IF CORRECT

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A FACILITY NUMBER 030915

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C. CRITICAL MATERIAL PARA: \*ETER NUMBER-

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- \_\_\_\_ formulated or resold without change
  - used in production process

manufactured for sale

CRITICAL MATERIAL NAME

- \_\_\_ used in non-production activity (pilot plant maintenance etc.)
- non-consumptive use (i.e. PCB's contained in transformers, capacitors, etc.)

If you manufacture the material in Item B mark one or more of the following

\_\_\_ produced for use as an intermediate or ingredient in

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MATERIALS RECRETER IPAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS MATERIALS MATERIALS PAGE 15 A ECOFY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION ROOKLET

## CRITICAL MATERIALS REPORT

Hequired by Act 273 P.A. 1972

1984 30

SEE MATRUCTIONS ON PAGE 10
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C. CRITICAL MATERIAL
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## FORM III

## CRITICAL MATERIALS REPORT

Required by Act 293 PA 1972

you manufacture the material in Item B mark one o more of the following

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C "CATING CAUTAC" C A. FACILITY NUMBER -030019 יהוריטה מצפי הדיקווקטם דפורי THE TEST INCOMMATION IF COMPLET DNR USE ONLY ACTION TOR 1984 ENTER ONLY Change COPHECTIONS OR ADDITIONS initial CRITICAL MATERIAL NAME C. CRITICAL MATERIAL PARAMETER NUMBER ----CLASS019 (Page . 2 13) tile material in tem B is purchased for use describe the use by marking one or more of the following formulated or resold without change used in production process used in non-production activity (pilot plant maintenance etc.) non-consumptive use (i.e. PCB's contained in transformers capacitors, e.c., TABLE A1 orner (describe () Ebs

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## CRITICAL MATERIALS REPORT

Required by Act 293, P.A. 1972

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A. FACILITY NUMBER \_\_\_\_\_ 03019

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-. MATERIAL NAME

C. CRITICAL MATERIAL
PARAMETER NUMBER- CLASSO18
(Page 12-13)

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TABLE A1

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2 = 1 - 10 lbs.
3 = 11 - 100 lbs.
4 = 101 - 500 lbs.
5 - 501 - 1000 lbs.
6 = 1001 - 10,000 lbs.
7 = over 10,000 lbs.

1933 MONITORING YEAR	1 1984 MONITORING YEAR		
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MATERIALS REGISTER (PAGE 12) TO VERIFY THIS AND ANY ADDITIONAL CRITICAL MATERIALS

MATERIALS PLEASE COPY ADDITIONAL FORMS FROM PAGE 15 OF INSTRUCTION BUCKLET

## **CRITICAL MATERIALS REPORT**

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Required by Act 233 PA 1972

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Initial 1 2 3

C. CRITICAL MATERIAL PARAMETET NUMBER-(Page 12-13)

CLASSO17

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" the material in Item B is purchased for use describe the use by marking one or more of the following

formulated or resold without change

\_\_ used in production process

CH TICAL MATERIAL NAME

used in non-production activity (pilot plant, maintenance etc.)

\_\_ non consumptive use (i.e. PCB's contained in pansformers capacitors, etc.)

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 $f_{\mu\nu}^{\mu} y_{\nu\nu} = m u i u facture$  the material in Item B mark one or more of the following

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produced for use as an intermediate or ingredient in

another usualte production process

\_\_\_ produced as contuin nant un by-product

\_\_\_\_\_ other describe

0 = 0 lbs.
1 = less than 1 lb
2 = 1 - 10 lbs
3 = 11 - 100 lbs
4 = 101 - 500 lbs
5 = 501 - 1000 lbs
6 = 1001 - 10 000 lbs
7 = over 10,000 lbs

TABLE A1

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## CRITICAL MATERIALS REPORT

Required by Act 193 1 A 1972

SER INSTRUCTIONS ON PACE 10 TIDT DUPLICATE 1983 COMPUTER PRINTED INFORMATION IF COURECT FOR 1984 ENTER ONLY CORRECTIONS OR ADDITIONS

030019 DNP USE ONLY ACTION Deleta Change Instal

TRICK MATERIAL NAME

C. CRITICAL MATERIAL PARAMETER NUMBER-(Page 12-13)

A. FACILITY NUMBER -

CLASS012

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must in Item B is incressed for use describe the use by marking one or ٠... و٠ more of the following

formulated or resold without change

used in production process

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TABLE A1

0 - 0 tbs = less than 1 ib

= 1 - 10 lbs.

100 tbs

= 101 - 500 ft/s.

= 501 - 1000 lbs. = 1001 - 10,000 lbs.

= over 10,000 lbs.

nou manufacture the material in Item B mark one or more of the following. \_. manufactured for sale produced for use as an intermediate or ingredient in another on-site production process produced as contaminant or by-product other (describe)

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	_ formulated or resold without change		
•	used in production process		
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## FORM IV

RESIDUALS AND RESIDUES DISPOSAL AND STORAGE REPORT TO Required by Act 293, P.A. 1972

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D Parameter number(s) of critical material	CLUMSISIONS C	14A51510:1191
present in residual (Form IV must be	ICILIASISIOILIZI IC	(181515:012:3
accompanied by Form III for each Critical Material	18. C.L.A:SIS.0.2.1. 18	114515101217
isted in the residual)	1C: 4 9551911: 10	0:11178117
	· CILA: SISICIL: 7.	
	C.C.ASSOV.SI	
E The Liquid Portion is Primarily	1.	(enter no more than one choics
1) water 2) oil 3) chemical solvent	<u> </u>	per form)
. The Residue Results From		, (enter no more
11 Chemical Production	ن السنس السان	6: then three choices
2) Food Processing	, m	per form;
_, <u>.</u> .	&1 - A	
( 4) Dust Collection		
5) Paint Booths		
6) Water Treatment		
7) Process Water		
3) Santary Sewage		<del></del>
3) Other (describe at right)		
G Estimated Total Residual		
Annual Volume or Weight	ا النائنان ال	ilions Pounds Ci. Yu.
HStorage defore Disposal or Removal		
1) Metal Drums	ِ ر <b>مُن</b> : <del>رَمُن</del> : <del>رَمُن</del> : رَمُن اللهِ عَلَيْهِ اللهِ عَلَيْهِ اللهِ عَلَيْهِ اللهِ عَلَيْهِ اللهِ عَلَيْهِ	lenter no more than three choices
2) Fiber Drums		per form)
3: Above Ground Tank	ļ.	
4) Underground Tank		
5) Stock piled on Ground		
51 Holding Pond/Lagoon		
7) Other (specify at right)		· · · · · · · · · · · · · · · · · · ·
if You Dispase of the Residue Yourself,		tenter no more
Type of Disposal Sita	<u> </u>	than three choices
7) Fublic Landfill		per form)
21 P. vate Landfill		
3) Own Land		
4) Shipped Out of State	Days - 1	
5 incinerated	PRIVATE LAND	
5) Other (specify at right)	THE PRIVETOE CINE OF FORM	-

COMPLETE REVERSE SIDE OF FORM

Page 17 PR 4389-7

- J Additional Locations for Sludge Disposal
- 1. Woodrow Winn RFD 1 Allegan, MI
- Armintrout Property
   27th Street
   Allegan, MI
- B. Whistler Sr. 108th Ave. Allegan, MI
- 4. A. Switzenberg 22nd Street Otsego, MI
- 5. G. Dugan 1911 101st Ave. Ctsego, MI
- 6. Summerer
  Miller Road
  Otsego, MI
- 7. M: Metzger Miller Road
  Otsego, MI
- 8. Wallace 102nd Street Ctsego, MI

- 9. D. Zuider 102th & 15th Street Otsego, MI
- 10 Morrell 18th Street Otsego, MI.
- 11. Menasha Corporation 106th Street Ousego, MI
- 12. P. Murray 102nd Strest Plainwell, MI
- 13. Ellis 168th Street Otsego, MI
- 14. C. Mott
  B. Avenue
  Kalamazoo, MI
- 15. B. Jamieson Marsh Road Plainwell, MI

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# FORM I GENERAL INFORMATION

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	ng, Micnigan 48909 i (517) 373-2190		Required by Act 293, P.A. 1972		. 1987
-	A SEPARATE REPORT			WHICH YOUR COMPANY DOES BUSINE	SS.
			by this form or request addit forms call the Great Lakes	ional copies. and Environment Assessment Section (5	517) 373 2190.
١.	FACILITY NUMBER			030	019
3. Der	The No Skin questions	Dithru Misian	the report and see page 31	strial) in the state of Michigan during any I for mailing instructions. ontinue with question C. rrugated medium of 26#, 33 nical wood fiber and old C	#, 36#and orrugated
		<del></del>			MEN033
<u>,</u>	Mailing Address: Plac	e peel-off mai	ling label here.	If the plant location is different than the facility to which this form is mailed indic of the plant location below.	
	i e kan men		s · · · · ·	Plant Name	
	If any part of the mail update incorrect line(s) If you have sold the bus please check here	only below.	· ·	Address	· · · · · · · · · · · · · · · · · · ·
۱am	ne of Company		1 1 1 1 1 1 1	<u> </u>	
Plan	nt Location/Attn.	1 1 1 1	1 1 1 1 1 1 1 1	<u>;                                    </u>	<u> </u>
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<b>)</b> .	NPDES Surface Water	Discharge Per	rmit Number (if applicable)	MII (0101013	1812141
Ε.	State Groundwater Dis	charge Permit	t Number (if applicable)	[ms 1010	1313131
F.	EPA Identification Num	nber (if availab	ole)	[MI[1] [010161011]	1410151
G.	Standard Industrial Cla (See page 6)	assification Co	ode .		1610101
۲.	County of Plant Locati	on (See page	4)		03
	DNR USE ON	ILY	Sanitary Sewer Code		
			River Basın Code		

PR 4888-4

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# FORM II WASTEWATER OUTFALL REPORT

1987

Required by Act 293, P.A. 1972

MEN03335

A separate Form II is required for each outfall. Photocopy this form or re	equest additional forms if needed.
FACILITY NUMBER	013101011191
Outfall Number As You Refer To It	1010101
Monthly Operating Report Number (If Applicable)	[0 3 0 /17]/]
DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	KALAMAZOO RIVER
VOLUME OF DISCHARGE  Average Daily Flow   (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow   (million gallons per year)  Estimated	111.4141410 365 111/621.01760
TYPE OF WASTEWATER (Each Outfall must total 100%. See instruction % Process % Noncontact Cooling % Sanitary Wastewater	s on Page 9) (Do not enter decimal or fraction)  // OO %
	Outfall Number As You Refer To It  Monthly Operating Report Number (If Applicable)  DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)  VOLUME OF DISCHARGE Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  TYPE OF WASTEWATER (Each Outfall must total 100%. See instruction % Process  % Noncontact Cooling

PR 4888-5

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# FORM II WASTEWATER OUTFALL REPORT

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MEN03336

	A separate Form II is required for each outfall. Photocopy this form or reque	st additional forms if needed.
A.	FACILITY NUMBER —	01310101/191
В.	Outfall Number As You Refer To It	101011
c.	Monthly Operating Report Number (If Applicable)	[43 01/13 8]
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.;  give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	AMAZOO RIVER
	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	1111.21913101 1316151 1111/10171.1/1015101
F.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on % Process % Noncontact Cooling % Sanitary Wastewater	Page 9) % (Do not enter decimal or fraction) %

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# FORM II WASTEWATER OUTFALL REPORT

1987

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MEN03337

	A separate Form II is required for each outfall. Photocopy this form or request ad	ditional forms if needed.
Α.	FACILITY NUMBER	0 3 0 0 1 9
В.	Outfall Number As You Refer To It	০০াথ
c.	Monthly Operating Report Number (If Applicable)	[0]3 d/ 3 4
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; ALAM give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank — Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality at right)	DAZOO RIVER
	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)	1111.47140 131615 1-11/17131.18161410
F.	% Noncontact Cooling dec	e 9) c not enter cimal or ction)

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#### FORM II WASTEWATER OUTFALL REPORT

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MEN03338

	A separate Form II is required for each outfall. Photocopy this form or request addit	ional forms if needed.
Α.	FACILITY NUMBER	03101011191
В.	Outfall Number As You Refer To It	101014
c.	Monthly Operating Report Number (If Applicable)	0130101515
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	HZOO RIVER
	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)  Measured  Estimated	1111.0161719 1316151 11112141.14171/10
F.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9 % Process (Do not not not not not not not not not no	ot enter 199 %

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## FORM II WASTEWATER OUTFALL REPORT

1987

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MEN03339

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.				
A.	FACILITY NUMBER	10131901/19			
В.	Outfall Number As You Refer To It	2015			
С.	Monthly Operating Report Number (If Applicable)	101310101513			
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.; KALAMA: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank — Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality at right)	ZOO RIVER			
•	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	1   5   5   5   5   5   5   5   5   5			
F.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9) % Process (Do no: % Noncontact Cooling decima % Sanitary Wastewater fraction	1 or 700 %			
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CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)

1987

_	please photocopy Form III or request additional forms.	
A.	FACILITY NUMBER	<u>- 6131011191</u>
B.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)  ARSENIC	MEN03340
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	- CICIAISDIO /1/1
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	a. O
E.	Mark an X if you want to request consideration for the information in Item D to remain con Confidentiality only to be granted if the reported information will divulge proprietary proce	
F.	(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. [3]
_	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. DODD b. C. a. DODD b. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. a. D. D. C. A. D. D. C. A. D. D. C. A. D. D. C. A. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. D. C. D. D. D. D. D. D. D. D. D. D. D. D. D.	3 c. 111111
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See Ta code.) If the amount of Item B in residuals is zero. skip I thru L, this form is complet b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	able A1 for a. 3
	Source of residual in Item H. P=Production Process Residual,     W=Wastewater Treatment Residual, or C=Combination	MU
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	<b>립</b> 니
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Above tank. 4=Underground tank, 5=Stockpiled on ground. 6=Holding pond lagoon, 7=Other at right) (Choose up to 4)	
)	L. Disposal method of Item Hiresidual Type of disposal site 1=Sanitary landfill 2=Hazardou landfill 3=Own land 4=Shipped out of state 5=Incinerated 6=Recycled, 7=Other (spright) (Choose up to 4)	pecify at

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## FORM III CRITICAL MATERIALS REPORT

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)		Form IIIs are needed (more the	an one Critical Material to report) quest additional forms.
Α.	. FACILITY NUMBER		<u> </u>
в.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)	BERYLLIUN	1MEN03341
c.	PARAMETER NUMBER (Pages 16, 17 and 18)	<i>y</i>	<u>  C  L  A  S  S  0  /   2</u>
D.	D. a. Amount of Item B Used or M Table A1 for code.) b. If over 1,000 lbs./yr., indicate	anufactured per year. (See	ABLE A1 0 = 0 lbs.  1 = less than 1 lb.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.
E.	. Mark an X if you want to reques Confidentiality only to be grante	t consideration for the informed if the reported information v	ation in Item D to remain confidential. will divulge proprietary processes.
F.		vas or may have been Dischar amount of Item B discharged is	
	b. If over 1,000 lbs./yr., indicate	amount to nearest 500 lbs.	0
g.	<ul> <li>a. Outfall numbers on Form II will critical material.</li> <li>b. Amount of Item B discharged (See Table A1 for code numbers.</li> <li>c. If over 1,000 lbs./yr., indicate 500 lbs.</li> </ul>	d out each outfall. er.)	a. 001 b. 2 c
	code.) If the amount of Ite		in residuals per year. (See Table A1 for a. 2 I thru L. this form is complete. b. 1
	Source of residual in Item H.     W=Wastewater Treatment Re		idual.
	J. Physical state of residual in I	tem H. 1=Liquid, 2=Sludge	. 3=Wet solid, 4=Dry solid.
			is. 2=Fiber drums. 3=Above ground Diding pond/lagoon. 7=Other (specify
)			Sanitary landfill. 2 = Hazardous waste ed. 6 = Recycled. 7 = Other (specify at

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## FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)

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_	please photocopy Form III or request additional forms.	<u> </u>
A.	FACILITY NUMBER	- 101310101/191
В.	CRITICAL MATERIAL NAME: COPPER (Pages 16, 17 and 18)	MEN03342
C.		- <u> C L A 5: 5 0 / 7 </u>
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	a. [O]
E.	Mark an X if you want to request consideration for the information in Item D to remain conficentiality only to be granted if the reported information will divulge proprietary process.	
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewater per year.         (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a.  S]
<u> </u>	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4  a. Oold b. 4	c
_	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	I. Source of residual in Item HP=Production Process Residual,	الكاآل
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	الگا ا
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Above g tank, 4=Underground tank, 5=Stockpiled on ground. 6=Holding pond/lagoon, 7=Other (s at right). (Choose up to 4)	
)	L. Disposal method of Item Hiresidual Type of disposal site 1=Sanitary landfill, 2=Hazardous landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (speright) (Choose up to 4)	ecify at

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### CRITICAL MATERIALS REPORT

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1987 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. <u>-101310101/1</u> Δ FACILITY NUMBER -NICKEL R CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) MEN03343 CRITICAL MATERIAL CILIAISSIOIAA PARAMETER NUMBER -(Pages 16, 17 and 18) TABLE A1 0 = less than 1 lb D a. Amount of Item B Used or Manufactured per year. (See 1 . 1 - 10 lbs. 2 = Table A1 for code.) 11 - 100 lbs. 3 = b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 4 = 501 - 1,000 lbs. 5 = over 1,000 lbs. 6 = Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. G. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1, for code.) If the amount of Item B in residuals is zero, skip I thru L. this form is complete b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual, I. W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above ground K. tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify at right) (Choose up to 4) Disposal method of Item Hiresidual Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3=Qwn land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Qther (specify at subsciled on oriva right) (Choose up to 4)

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CRITICAL MATERIALS REPOR

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FORM III

1987 If additional Form Ills are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER -В. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18), CRITICAL MATERIAL PARAMETER NUMBER -CILIAISIS 101217 (Pages 16, 17 and 18) TABLE A1 0 = 0 lbs. D. less than 1 lb. a. Amount of Item B Used or Manufactured per year. (See 1 - 10 lbs. Table A1 for code.) 11 - 100 lbs. 3 b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 501 - 1,000 lbs. over 1,000 lbs. E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

Disposal method of Item Hiresidual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste langfill, 3=Own lang, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at

right). (Choose up to 4)

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## FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)

)		please photocopy Form III or request additional forms.	_
Α.	FAC	CILITY NUMBER	- [0 3 0b 1 9]
В.	CRI	ITICAL MATERIAL NAME: CYANIDE (Pages 16, 17 and 18)	MEN03345 _
C.	PAF	ITICAL MATERIAL RAMETER NUMBER → [ages 16, 17 and 18]	<u> </u>
D.	•	TABLE A1 0 = 0 lbs.  Amount of Item B Used or Manufactured per year. (See 1 = less than 1 lb. 2 = 1 - 10 lbs.  Table A1 for code.) 3 = 11 - 100 lbs.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	a. 🕘
Ε.		rk an X if you want to request consideration for the information in Item D to remain confider infidentiality only to be granted if the reported information will divulge proprietary processes.	
F.	(	Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. [3]
	a. ( b. 4	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall.  (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest  500 lbs.  a	
		<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (See Table code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> <li>b. [</li> </ul>	A1 for a. 2
		Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	LW L
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	121
	K.	Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above groutank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond, lagoon, 7=Other (special right). (Choose up to 4)	
)	L.	Disposal method of Item Hiresidual Type of disposal site 1=Sanitary landfill, 2=Hazardous wallandfill, 3=Own land, 4=Shipped cut of state, 5=Incinerated, 6=Recycled, 7=Other (specify right) (Choose up to 4)	'at -10 1 1

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## FORM III CRITICAL MATERIALS REPORT

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If additional Form Ills are needed (more than one Critical Material to report)

A.	FACILITY NUMBER	- 0310p1/191
В.	CRITICAL MATERIAL NAME: TOTAL Chromium (Pages 16, 17 and 18)	MEN03346
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	(CL MISISIOI / 15)
D.	Table A1 for code.)  2 = 1-10 lbs. 3 = 11-100 lbs.	a. [0]
E.	Mark an X if you want to request consideration for the information in Item D to remain co- Confidentiality only to be granted if the reported information will divulge proprietary production.	
F.	(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. 💋
3.	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. OOOO b.	3
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	Table A1 for a. 🗾 ete.
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	W
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	81
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Abov tank. 4=Underground tank. 5=Stockpiled on ground. 6=Holding pond/lagoon. 7=Othe at right). (Choose up to 4)	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardo landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (state) (Choose up to 4)	

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#### FORM III CRITICAL MATERIALS REPORT

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Phone (517) 373-2190 1987 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER --01310101 В. CRITICAL MATERIAL NAME: I EAD (Pages 16, 17 and 18) MEN03347 C. CRITICAL MATERIAL C141A1515101119 PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = O lbs. less than 1 lb. D. a. Amount of Item B Used or Manufactured per year, (See 1 - 10 lbs. . Table A1 for code.) 11 - 100 lbs. 3 b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 501 - 1,000 lbs. 5 over 1,000 lbs. E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. \_b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for н. code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs. yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual, 1. W=Wastewater Treatment Residual, or C=Compination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. K. Storage of Item H residual before removal, 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/ladoon, 7=Other (specify at right). (Choose up to 4) Disposal method of Item Hiresidual. Type of disposal site 1=Sanitary langfill 2=Hazardous waste

landfill, 3=Own land, 4=Shipped out of state, 5=incinerated, 6=Recycled, 7=Qther (specify at

right) (Choose up to 4)

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#### FORM III. CRITICAL MATERIALS REPORT

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MPLE ED FORM TO: I Department of Natural Resource: Reports 28 Michigan 48909 (17) 373-2190	FORM III CRITICAL MATERIALS RE Required by Act 293, P.A. 1972	PORT
If a	dditional Form IIIs are needed (more than or please photocopy Form III or reques	ne Critical Material to report)
FACILITY NUMBER -		D1310101/191
CRITICAL MATERIAL N (Pages 16, 17 a	- D(-/ <del>-</del>	MEN03348
CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	3	- CILIAISIS DI 7191
Table A1 for code.)	Ised or Manufactured per year. (See	A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.
	to request consideration for the information be granted if the reported information will of	
(See Table A1 for co continue with Item I	m B that was or may have been Discharged de.) If the amount of Item B discharged is zero. H. indicate amount to nearest 500 lbs.	
critical material. b. Amount of Item B (See Table A1 for c	Form II which discharge this discharged out each outfall. ode number.)	a b c
code.) If the am	B that was or may have been contained in recount of Item B in residuals is zero, skip I through Jyr., indicate amount to nearest 500 lbs.	residuals per year. (See Table A1 for a. L. ru L. this form is complete.
	in Item H. P=Production Process Residual eatment Residual, or C=Combination	al.
Physical state of re	esidual in Item H. 1=Liquid, 2=Sludge, 3=	Wet solid. 4=Dry solid.
	residual before removal. 1=Metal drums. 2 and tank, 5=Stockpiled on ground. 6=Holdin up to 4)	
	filtem Hiresidual. Type of disposal site 1=San	•

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## FORM III CRITICAL MATERIALS REPORT

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	If additional Form IIIs are needed (more than one Critical Material to please photocopy Form III or request additional forms.	report)
Α.	. FACILITY NUMBER —	<u>- 101310101/19</u>
В.	CRITICAL MATERIAL NAME: CADMIUM (Pages 16, 17 and 18)	MEN03349
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	C L A S S 0 1 3
D.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs.  1 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.	a. O
E.	. Mark an X if you want to request consideration for the information in Item D to remain c Confidentiality only to be granted if the reported information will divulge proprietary pro	
F.	(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. 🕘
 ; ,	critical material.  b. Amount of Item B discharged out each outfall.  a	c
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is compb. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	<ol> <li>Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination</li> </ol>	ШЦ
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid	. 2
-	K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Abotank, 4=Uncerground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Otheat right) (Choose up to 4)	
-	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazard landfill, 3=Own land 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other right). (Choose up to 4)	

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#### FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)

	please photocopy Form III or request additional forms.
Α.	FACILITY NUMBER
в.	CRITICAL MATERIAL NAME: bis (2-ethy/hexy/phthalate MEN0335)
C.	CRITICAL MATERIAL  PARAMETER NUMBER  (Pages 16, 17 and 18)
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality only to be granted if the reported information will divulge proprietary processes.
<b>.</b>	a. Total amount of Item B that was or may have been Discharged in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOA b. 3 c
H.	a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.
I.	Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination
J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.
К	Storage of Item H residual before removal, 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding bond/lagoon, 7=Other (specify at right). (Choose up to 4)
L.	Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous waste landfill, 3=Own land. 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at, right). (Choose up to 4)  Subscillat private Land
	PR 4588-6 Page 27

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### FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER -A. 03001 CRITICAL MATERIAL NAME: В. MEN03351 (Pages 16, 17 and 18) C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = 0 lbs. a. |0| D. a. Amount of Item B Used or Manufactured per year. (See less than 1 lb. 1 = 1 - 10 lbs. 2 = Table A1 for code.) 11 - 100 lbs. b. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs. 101 - 500 lbs 501 - 1,000 lbs. over 1,000 lbs. 6 = E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. 002 b. 21 c. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. |0 a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for H. code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual. ١. W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. J. ĸ. Storage of Item H residual before removal, 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) Disposal method of Item Hiresidual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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#### FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)
please photocopy Form III or request additional forms.

1987

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A.	FACILITY NUMBER	-0300119
в.	CRITICAL MATERIAL NAME: BUTY/ benzy/ phthalate	MEN03352
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	01018151618171
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 for code.)  Table A1 0 = 0 lbs.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.	a. 🙋
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	al.
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.</li> </ul>	a. <b>[3</b> ]
)	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
	<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	for a. <u>O</u>
1	Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	
•	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Above ground tank. 4=Underground tank. 5=Stockpiled on ground. 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)	
)	Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)	

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### FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

If additional Form IIIs are needed (more than one Critical Material to report)
please photocopy Form III or request additional forms.

)		please photocopy Form III or request additional forms.	
Α.	. FA	ACILITY NUMBER	10300/19
B.	. Ci	RITICAL MATERIAL NAME: METHILENE C. HLORIDE	MEN03353
C.	PA	RITICAL MATERIAL ARAMETER NUMBER	16191012151010
D		Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 to = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	a. 2
Ε.	M: Cd	ark an X if you want to request consideration for the information in Item D to remain confidential onfidential only to be granted if the reported information will divulge proprietary processes.	i. $\Box$
F.		Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. [3]
	. a.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall.  (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
_	н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	for a. O
	l.	Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	ЦЦ
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
_	κ.	Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)	
	L.	Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)	

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#### FORM I GENERAL INFORMATION

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t 293 Heboris ns 30028 nsing, Michigan 48909 ione (517) 373-2190	GENERAL INFORMAT Required by Act 293, P.A. 1972	TION 1
A SEPARATE REPORT IS	REQUIRED FOR EACH LOCATION As photocopy this form or request add	AT WHICH YOUR COMPANY DOES BUSINESS. ditional copies.
For assistance in completi	ng these forms call the Great Lake	es and Environment Assessment Section (517) 373-2190.
FACILITY NUMBER		030019
☐ No. Skip questions D the	ru M, sign the report, and see page	dustiral) in the state of Michigan during any part of 1988?  40 for mailing instructions. continue with question C. ruguted medium of 26#,33#,36#, and and and and and and and and and and
Mailing Address: Place pe	rel-off mailing label here.	If the plant location is different than the location of the facility to which this form is mailed indicate the address of the plant location below.
MENASEA CCFP PAPEREDARD DIV 320 FARMER ST OTSEGC	MI 49078	Plant Name
update incorrect line(s) onl	address is incorrect please y below. is to the person listed below	Address
me of Company		
ant Location/Attn.		
reet Address or P.O. Box	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NPDES Surface Water Disc	harge Permit Number (if applicable)	M1 0101013181214
State Groundwater Dischar	rge Permit Number (if applicable)	IMI 10101313131
EPA Identification Number	(if available)	MID 101016101121410151
Standard Industrial Classifi (See page 6)	cation Code	i21610101
County of Plant Location (S	See page 4)	10.131
DNR USE ONLY	Sanitary Sewer Code	
<del></del>	River Basin Code	

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## FORM II WASTEWATER OUTFALL REPORT

1988

Required by Act 293, P.A. 1972

	A separate Form II is required for each outfall. Photo	ocopy this form or red	uest additional forms if needed.
Α.	FACILITY NUMBER		01310191191
В.	Outfall Number As You Refer To It		61011
c.	Monthly Operating Report Number (If Applicable)		6011A1 1
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipal)		ALAMAZOO RIVER
	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured X	1 363 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F.	TYPE OF WASTEWATER (Each Outfall must total 10 % Process % Noncontact Cooling % Sanitary Wastewater	00%. See instructions	on Page 9)

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.gan Department of Natural Resources
293 Reports
bx 30028
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## FORM II WASTEWATER OUTFALL REPORT

1988

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	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.			
Α.	FACILITY NUMBER		0 3 0	01191
В.	Outfall Number As You Refer To It			<u> </u>
c.	Monthly Operating Report Number (If Applicable)		اواواع	IALLI
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, la give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipal)		AMAZOO RIVER	- <u>(</u>
	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured X	1111-14	1140
F.	TYPE OF WASTEWATER (Each Outfall must total 100 % Process % Noncontact Cooling % Sanitary Wastewater	0%. See instructions on	Page 9) (Do not enter decimal or fraction)	

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	1.	2.	3. 🔲

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gan Department of Natural Resources
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## FORM II WASTEWATER OUTFALL REPORT

1988

Required by Act 293, P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request addition	nal forms if needed.
<b>A</b> .:	FACILITY NUMBER	1013101011191
В.	Outfall Number As You Refer To It	000
C.	Monthly Operating Report Number (If Applicable)	00 0 3 4    1
D.	DISCHARGE TYPE:  1. Surface Waters (river. stream. drain. storm sewer, lake, swamp, etc.: ALAMA 20 2. Lagoon or Seepage Pond With No Outlets 3. Spray irrigation 4. Septic Tank — Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality at right)	ON RIVER
	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day)  Number of Days Discharged per Year Total Annual Flow (million gallons per year)  Measured  Estimated	11/18/41 · 19/18/31 · 13/1/10
F.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9) % Process % Noncontact Cooling % Sanitary Wastewater fraction	or — — %

DNR USE ONL	Y - ACTIO	NC	
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44IL COMPLETED FORM TO chigan Department of Natural Resources ct 293 Reports 90x 30028 Lansing Michigan 48909 Phone (517) 373 2190

## FORM II WASTEWATER OUTFALL REPORT

1988

Required by Act 293 PA 1972

	A separate Form II is required for each outfall. Photocopy this form or request additional	al forms if needed
Α.	FACILITY NUMBER	0300119
В.	Outfall Number As You Refer To It	10014
C.	Monthly Operating Report Number (If Applicable)	0041
D.	DISCHARGE TYPE.  1 Surface Waters (river, stream, drain, storm sewer, lake swamp, etc., give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4 Septic Tank — Tile Field  5 Deep Well Disposal  6 Surface of Ground  7 Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	RWER
_ _>	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)	1363  3163  1381. 8161910
F.	TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9) % Process % Noncontact Cooling decimal of Sanitary Wastewater  TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9) (Do not enter the process of	1 1/1/10/

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## FORM II WASTEWATER OUTFALL REPORT

1988

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Required by Act 293, P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request addition	onal forms if needed.
Α.	FACILITY NUMBER	0300119
В.	Outfall Number As You Refer To it	005
<u> </u>	Monthly Operating Report Number (If Applicable)	00A/11
D.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	O RIVER
	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Light Control of Discharged  Measured  Estimated  Light Control of Discharged  Estimated  Light	1/191214.1/1912101
F.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9) % Process (Do no % Noncontact Cooling decima % Sanitary Wastewater fraction	lor ZZZZ

1988

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### CRITICAL MATERIALS REPORT

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Required by Act 293 PA 1972

If additional Form IIIs are needed (more than one Critical Material to report)

		please photocopy Form III or	request additional forms.
A.	FA	ACILITY NUMBER	<u> </u>
В.	Ci	RITICAL MATERIAL NAME. (Pages 16, 17 and 18)  ARSENIC	
C.	PA	RITICAL MATERIAL ARAMETER NUMBER	- CICIAISIS OI 11 11
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr . indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1 · 10 lbs  3 = 11 · 100 lbs  4 = 101 · 500 lbs  5 = 501 · 1 000 lbs  6 = over 1 000 lbs
Ε.		ark an X if you want to request consideration for the info	
F.		Total amount of Item B that was or may have been <b>Disc!</b> (See Table A1 for code.) If the amount of Item B discharge continue with Item H	
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
	). ~. b.	Outfall numbers on Form II which discharge this critical material Amount of Item-B discharged out each outfall. (See Table A1 for code number) If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.	a. OOB b. 3 c
	н.	<ul> <li>a. Amount of Item B that was or may have been contain code.) If the amount of Item B in residuals is zero, sk</li> <li>b. If over 1,000 lbs./yr, indicate amount to nearest 500 l</li> </ul>	ip I thru L, this form is complete
	I.	Source of residual in Item H. P=Production Process F W=Wastewater Treatment Residual, or C=Combination	lesidual.
	J.	Physical state of residual in Item H 1=Liquid, 2=Slud	ge, 3=Wet solid. 4=Dry solid.
	к.	Storage of Item H residual before removal 1=Metal dr tank, 4=Underground tank, 5=Stockpiled on ground, 6= at right) (Choose up to 4)	
	<b></b> -	Disposal method of Item H residual. Type of disposal site landfill, 3=0wn land, 4=Shipped out of state, 5=Incine right). (Choose up to 4)	

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## FORM III CRITICAL MATERIALS REPORT

DNR USE ONLY	<u> </u>	- ACTIO	N		
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Required by Act 293, P.A. 1972

		If additional Form IIIs are needed (more that please photocopy Form III or requ		1988
Α.	FA	CILITY NUMBER	<b>→</b> [	01310101191
В.	CR	(Pages 16, 17 and 18)  BERYLLIUM		
C.	PA	RITICAL MATERIAL RAMETER NUMBER ages 16, 17 and 18)		AISISIOI I JA
D.		Amount of item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.	SLE A1 0 = 0 ibs 1 = less tnan 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 4 = 101 - 500 lbs 5 = 501 - 1 000 lbs 6 = over 1 000 lbs	a. 🖸
E.		irk an X if you want to request consideration for the information infidentiality only to be granted if the reported information w		
F.	a.	Total amount of Item B that was or may have been <b>Discharg</b> (See Table A1 for code.) If the amount of Item B discharged is continue with Item H		a. [2]
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	b. [	
	ъ. с.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall (See Table A1 for code number)  If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.		
	Н.	<ul> <li>a. Amount of Item B that was or may have been contained i code.) If the amount of Item B in residuals is zero, skip I</li> <li>b. If over 1 000 lbs./yr, indicate amount to nearest 500 lbs.</li> </ul>		a 🔎
	t.	Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual, or C=Combination	dual,	
_	J.	Physical state of residual in Item H. 1=Liquid. 2=Sludge.	3=Wet solid. 4=Dry solid.	
	K.	Storage of Item H residual before removal. 1=Metal drums tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holiat right). (Choose up to 4)		
	<u> </u>	Disposal method of Item H residual. Type of disposal site 1=5 landfill, 3=0wn land, 4=Shipped out of state, 5=Incinerate right). (Choose up to 4)		

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## FORM III CRITICAL MATERIALS REPORT

Delete New Change	NR USE ONLY	- ACTIO	N	
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	g Michigan 48909 (517) 373-2190	Required by Act 293 P.A. 19	972	
		If additional Form IIIs are needed (more please photocopy Form III or i		1988
A.	FACILITY NUMBER			0300119
В.	CRITICAL MATERI. (Pages 16.	AL NAME.  17 and 18) Copper		
C.	CRITICAL MATERI PARAMETER NUM (Pages 16, 17 and	BER	<u> </u>	1A15101117
D.	Table A1 for co	B <b>Used</b> or <b>Manufactured</b> per year. (See de.) 5./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb  2 = 1 - 10 lbs  3 = 11 - 100 lbs.  4 = 101 - 500 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs	a. [2]
E.		rant to request consideration for the infor y to be granted if the reported information		
F.	(See Table A1 fo continue with It	filtem B that was or may have been <b>Disch</b> or code.) If the amount of Item B discharged em H. s./yr., indicate amount to nearest 500 lbs.	d is zero, skip G and b.	a. [ <u>S</u> ]
	critical material b. Amount of Item (See Table A1 fo	B discharged out each outfall. or code number.) ./yr., indicate amount to nearest	a. 001 b. 3 c. L a. 002 b. 4 c. L a. 004 b. 3 c. L a. 005 b. 4 c. L a. 105 b. 6 c. L	
	code.) If the	em B that was or may have been containe amount of Item B in residuals is zero, sk lbs./yr., indicate amount to nearest 500 II		a. [4]
:		ual in Item H. P=Production Process R Treatment Residual, or C=Combination	lesidual,	Ш
J	. Physical state o	of residual in Item H. 1=Liquid, 2=Sludo	ge. 3=Wet solid, 4=Dry solid.	21
1		n H residual before removal. 1=Metal dru ground tank. 5=Stockpiled on ground. 6= use up to 4)		LHEL
		od of Item H residual. Type of disposal site in land, 4=Shipped out of state, 5=Inciner up to 4)		131711 te land

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## FORM III CRITICAL MATERIALS REPORT

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	ng Michigan 48909 + (517) 373-2190	Required by Act 293, P.A. 1972		
		If additional Form IIIs are needed (more than please photocopy Form III or requ		1988
۹.	FACILITY NUMB	BER		0130101191
3.	CRITICAL MATE (Pages 1	RIAL NAME: 6. 17 and 18) NICKEL		
<b>)</b> .	CRITICAL MATE PARAMETER NU (Pages 16, 17 an	JMBER	<b>→</b> [C L	45151012121
). 	Table A1 for	em B Used or Manufactured per year. (See	LE A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.	a. [O]
<b>:</b> .	Mark an X if you Confidentiality of	i want to request consideration for the informationly to be granted if the reported information wil	ion in Item D to remain confidential. Il divulge proprietary processes.	
	(See Table A1 continue with			a. L4
_	b. If over 1.000	lbs./yr., indicate amount to nearest 500 lbs.		
	critical mater b. Amount of Ite (See Table At	ers on Form II which discharge this rial.  em B discharged out each outfall.  I for code number.)  bs./yr., indicate amount to nearest	a. OOO b. 4 c	
ı	code.) If the	f Item B that was or may have been contained in he amount of Item B in residuals is zero, skip I t 00 lbs./yr., indicate amount to nearest 500 lbs.		a. [3]
1		sidual in Item H. P=Production Process Residiter Treatment Residual, or C=Combination	ual.	WU
•	J. Physical state	e of residual in Item H. 1=Liquid, 2=Sludge, 3	=Wet solid. 4=Dry solid.	<b>a</b> L
	tank, 4=Und	em H residual before removal. 1=Metal drums. erground tank. 5=Stockpiled on ground, 6=Hold oose up to 4)		
		hod of Item H residual. Type of disposal site 1=Sawn land, 4=Shipped out of state, 5=Incinerated se up to 4)		LIBIZILI te Land

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## FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

	16 151.1	If additional Form IIIs are needed (more t please photocopy Form III or r	
Α.	FA	CILITY NUMBER	<u>-</u> 101300119
В.	CF	RITICAL MATERIAL NAME: 210C	
c.	PA	RITICAL MATERIAL RAMETER NUMBER	- <u>CIUASISION</u> 7
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.
E.		ark an X if you want to request consideration for the information onfidentiality only to be granted if the reported information	
F.	а.	Total amount of Item B that was or may have been <b>Disch</b> (See Table A1 for code.) If the amount of Item B discharged continue with Item H.	
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	U
	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. 60 4 b. 3 c
_	H. *	a. Amount of Item B that was or may have been containe code.) If the amount of Item B in residuals is zero, ski b. If over 1,000 lbs./yr.; indicate amount to nearest 500 lb	p I thru L. this form is complete.
	ı.	Source of residual in Item H. P=Production Process Re W=Wastewater Treatment Residual, or C=Combination	esidual.
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludg	re, 3=Wet solid, 4=Dry solid.
	к.	Storage of Item H residual before removal. 1=Metal dru tank, 4=Underground tank, 5=Stockpiled on ground, 6=Hat right). (Choose up to 4)	
	L.	Disposal method of Item H residual. Type of disposal site 1 landfill, 3=0wn land, 4=Shipped out of state, 5=Incineraright). (Choose up to 4)	

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## FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

		If additional Form IIIs are needed (more than please photocopy Form III or requ		
Α.	FA	CILITY NUMBER	- 101310101	119
B.	CF	RITICAL MATERIAL NAME: Cyanide (Pages 16, 17 and 18)		
C.	PA	RITICAL MATERIAL RAMETER NUMBER ————————————————————————————————————	<u>-</u> [입니쉬되되어!	1 [8]
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	E A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.	. la
E.	Ma Co	ark an X if you want to request consideration for the information of the information will be granted if the reported information will	on in Item D to remain confidential.  I divulge proprietary processes.	
F.	a.	Total amount of Item B that was or may have been <b>Discharge</b> (See Table A1 for code.) If the amount of Item B discharged is ze continue with Item H.		. <u>[3]</u>
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	0. (	
	Ь.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a. O O O b. S c	
	н.	<ul> <li>a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I to b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		
	i.	Source of residual in Item H. P=Production Process-Residu W=Wastewater Treatment Residual, or C=Combination	ial.	<u> </u>
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3	=Wet solid, 4=Dry solid.	4
	K.	Storage of Item H residual before removal, 1=Metal drums, tank, 4=Underground tank, 5=Stockpiled on ground, 6=Hold at right). (Choose up to 4)		<u> </u>
	L.	Disposal method of Item H residual. Type of disposal site 1=Salandfill. 3=Own land, 4=Shipped out of state, 5=Incinerated right). (Choose up to 4)		

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ican Department of Natur 93 Reports 30028 ing Michigan 48909	CRITICAL MATERIALS RE  Required by Act 293, P.A. 1972	PORT	Delete New Change
ne +517) 373-2190	If additional Form IIIs are needed (more than o		1988
FACILITY NUM	MBER		- 0130011191
	TERIAL NAME: TOTAL Chromium		
CRITICAL MAT PARAMETER I (Pages 16, 17	NUMBER		-LCLAHSIOINS
Table A1 fo	Item B Used or Manufactured per year. (See	A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.	a. 🙋
	ou want to request consideration for the information only to be granted if the reported information will		
(See Table / continue w			a. [4]
a. Outfall num critical mat b. Amount of (See Table	of lbs./yr., indicate amount to nearest 500 lbs.  sibers on Form II which discharge this erial.  Item B discharged out each outfall.  A1 for code number.)  O lbs./yr., indicate amount to nearest	a. 601 b. 3 a. 600 b. 3 a. 600 b. 4 a. 600 b. 2 a. 600 b. 4 a. 600 b. 4 a. 600 b. 4	c.
code.) If	of Item B that was or may have been contained in right the amount of Item B in residuals is zero, skip I th ,000 lbs./yr., indicate amount to nearest 500 lbs.		e A1 for a.
· · · · · · · · · ·	residual in Item H. P=Production Process Residual vater Treatment Residual, or C=Combination	al.	W
J. Physical st	ate of residual in Item H. 1=Liquid, 2=Sludge, 3=	:Wet solid. 4=Dry solid.	1241 1

K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

Disposal method of Item H residual. Type of disposal site 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) Jubsoiled on private

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#### FORM III CRITICAL MATERIALS REPORT

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Required by Act 293 PA 1972

	If additional Form IIIs are needed (more than one Critical Material to rep please photocopy Form III or request additional forms	ort) 1988
۹.	FACILITY NUMBER	<u> 1013101011191</u>
3.	CRITICAL MATERIAL NAME (Pages 16, 17 and 18)	
Э.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	- CILIAISIS 1011 19
D.	a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1 000 lbs./yr, indicate amount to nearest 500 lbs  Table A1 0 = 0 lbs less than 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 4 = 101 - 500 lbs 5 = 501 - 1 000 lbs 6 = over 1 000 lbs	a. (2)
E.	Mark an X if you want to request consideration for the information in Item D to remain conformation will divulge proprietary process	
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a. [Q]
•	a. Outfall numbers on Form II which discharge this critical material b. Amount of Item B discharged out each outfall (See Table A1 for code number.) c. If over 1,000 lbs /yr , indicate amount to nearest 500 lbs.  a	c
	H. a. Amount of Item B that was or may have been contained in residuals per year (See Ta code.) If the amount of Item B_in residuals is zero skip I thru L. this form is complete b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	ble A1-for a. 3
	I. Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	Wi
	J. Physical state of residual in Item H 1=Liquid. 2=Sludge, 3=Wet solid. 4=Dry solid.	
	K. Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, 3=Above of tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (stark)) (Choose up to 4)	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous landfill, 3=Own land, 4=Shipped out of state, 5=incinerated, 6=Recycled, 7=Other (speright). (Choose up to 4)	ecify at

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# FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

	please photocopy Form ill or request additional forms.
Α.	FACILITY NUMBER - 030019
B.	CRITICAL MATERIAL NAME: PCB (Pages 16, 17 and 18)
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1 000 lbs./yr indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb  2 = 1 - 10 lbs.  3 = 11 - 100 lbs  4 = 101 - 500 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality only to be granted if the reported information will divulge proprietary processes.
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. if over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a
	a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.
	Source of residual in Item H. P=Production Process Residual.  W=Wastewater Treatment Residual, or C=Combination
	. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.
	Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)
	Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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## FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

•	If additional Form IIIs are needed (more t please photocopy Form III or r	
١.	FACILITY NUMBER	<u>-</u> 03001191
3.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)	
<b>)</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16. 17 and 18)	- CILIAISISIOII3
<b>)</b> .	<ul> <li>a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.
<b>:</b> .	Mark an X if you want to request consideration for the information Confidentiality only to be granted if the reported information.	
=. -	<ul> <li>a. Total amount of Item B that was or may have been Disch (See Table A1 for code.) If the amount of Item B discharged continue with Item H.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	<ul> <li>a. Outfall numbers on Form II which discharge this critical material.</li> <li>b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)</li> <li>c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a b c
	<ul> <li>H. a. Amount of Item B that was or may have been contained code.) If the amount of Item B in residuals is zero, ski</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	p I thru L. this form is complete.
	I. Source of residual in Item H. P=Production Process Re W=Wastewater Treatment Residual, or C=Combination	esidual.
_	J. Physical state of residual in Item H. 1=Liquid, 2=Sludg	ge, 3=Wet solid. 4=Dry solid.

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous waste landfill. 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

at right). (Choose up to 4)

Storage of Item H residual before removal: 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify

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## FORM III CRITICAL MATERIALS REPORT

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	)	If additional Form IIIs are needed (more the please photocopy Form III or reconstruction)	
Α.	FA	CILITY NUMBER	- lol3101011191
B.	CF	PAGES 16. 17 and 18) MERCURY	
С.	PA	RITICAL MATERIAL RAMETER NUMBER ages 16. 17 and 18)	-CLAS50211
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year (See Table A1 for code.) If over 1,000 lbs./yr , indicate amount to nearest 500 lbs.	ABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1 - 10 lbs.  3 = 11 - 100 lbs  4 = 101 - 500 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs
Ε.		ark an X if you want to request consideration for the inform infidentiality only to be granted if the reported information	
F.	a.	Total amount of Item B that was or may have been <b>Discha</b> (See Table A1 for code.) If the amount of Item B discharged continue with Item H.	
	b	If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.	0
	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.) If over 1,000 lbs /yr., indicate amount to nearest 500 lbs.	a.
	н.	<ul> <li>a. Amount of item B that was or may have been contained code.) If the amount of item B in residuals is zero, skip</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs</li> </ul>	I thru L. this form is complete.
	1.	Source of residual in Item H P=Production Process Res W=Wastewater Treatment Residual, or C=Combination	idual.
	J.	Physical state of residual in Item H 1=Liquid, 2=Sludge	. 3=Wet solid. 4=Dry solid.
_	к.	Storage of Item H residual before removal. 1=Metal drum tank. 4=Underground tank. 5=Stockpiled on ground, 6=Ho at right). (Choose up to 4)	
	<i>-</i> :	Disposal method of Item H residual. Type of disposal site 1 = landfill, 3=Own land, 4=Shipped out of state, 5=Incinerat right). (Choose up to 4)	

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### FORM III CRITICAL MATERIALS REPORT

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nsing Michigan 48909 pe (517) 373-2190 Required by Act 293, P.A. 1972

1988 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER -101310101119 CRITICAL MATERIAL NAME: B. ph thalate (Pages 16, 17 and 18) C. CRITICAL MATERIAL -10101/11/17/8/1/1 PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = Jilbs. ess than 1 lb. a. Amount of Item B Used or Manufactured per year. (See 1 - 10 lbs. Table A1 for code.) 11 - 100 lbs. 3 = b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 501 - 1,000 lbs. 5 over 1 000 lbs. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual. l. W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet soiid, 4=Dry solid.

Storage of Item H residual before removal, 1=Metal drums, 2=Fiber crums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond lagoon, 7=Other (specify

Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at

at right). (Choose up to 4)

right). (Choose up to 4)

on private land

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FORM III CRITICAL MATERIALS REPORT

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If additional Form IIIs are needed (more than one Critical Material to report)

	please photocopy Form III or request additional forms.	
۹.	FACILITY NUMBER	013101011191
3.	CRITICAL MATERIAL NAME. (Pages 16, 17 and 18) DI-N-buty phthalate	
<b>S</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16. 17 and 18)	01814171412
 D.	a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1 - 10 lbs  3 = 11 - 100 lbs  4 = 101 - 500 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs	a. 🔘
Ξ.	Mark an X if you want to request consideration for the information in lem D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	🗆
F.	a Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. [3]
	a Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number)  c If over 1,000 lbs./yr., indicate amount to nearest 500 lbs  a	
	H. a Amount of Item B that was or may have been contained in residuals per year. (See Table A1 fo code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	or a. 0
	Source of residual in Item H. P=Production Process Residual.     W=Wastewater Treatment Residual, or C=Combination	
	J. Physical state of residual in Item H. 1=Liquid. 2=Sludge, 3=Wet solid. 4=Dry solid.	
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums 3=Above ground tank. 4=Underground tank. 5=Stockpiled on ground. 6=Holding pond/lagoon. 7=Other (specify at right). (Choose up to 4)	
	Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)	

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## FORM III CRITICAL MATERIALS REPORT

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	If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.	1988
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: Buty benzy Phythalate	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16. 17 and 18)	0018151618171
D.	a. Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs b. 5 = 501 - 1.000 lbs. 6 = over 1 000 lbs.	a. <i>O</i>
<b>E.</b>	Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	ı
—— F.	a. Total amount of Item B that was or may have been Discharged in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. [2]
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
• .	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	
	<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 foode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	or a. O
ì	. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	
	I. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
	K. Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)	
	Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)	

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## CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972 1988 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. -030019

₿.	(Pages 16, 17 and 18) Methylene Chloride	
с.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	-1000015101912
D.	a. Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	= less than 1 lb = 1 - 10 lbs = 11 - 100 lbs. = 101 - 500 lbs b.
E.	Mark an X if you want to request consideration for the information in Confidentiality only to be granted if the reported information will divul	
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in w (See Table A1 for code.) If the amount of Item B discharged is zero, sk continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	<ul> <li>a. Outfall numbers on Form II which discharge this critical material.</li> <li>b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. DDY b 3 c
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuate code.) If the amount of Item B in residuals is zero, skip I thru L.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	<ol> <li>Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination</li> </ol>	
	J. Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet	solid. 4=Dry solid.
C	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fib tank. 4=Underground tank. 5=Stockpiled on ground. 6=Holding poat right). (Choose up to 4)	
•	<ul> <li>Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Region (Choose up to 4)</li> </ul>	

right). (Choose up to 4)

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# FORM III CRITICAL MATERIALS REPORT

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	please photocopy Form III or request additional forms	
A.	FACILITY NUMBER ————————————————————————————————————	<u>-61366119</u>
В.	CRITICAL MATERIAL NAME: TOURNO	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	E131818101110101
D.	TABLE A1 0 = 0 lbs  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs  2 = 1 - 10 lbs  3 = 11 - 100 lbs  4 = 101 - 500 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs	a. 🖸
E.	Mark an X if you want to request consideration for the information in Item D to rema Confidentiality only to be granted if the reported information will divulge proprietary	processes.
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewater per (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	year a. [3]
يرج	a Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b 2 c
	<ul> <li>H. 'a. Amount of Item B that was or may have been contained in residuals per year. (code.) If the amount of Item B in residuals is zero, skip I thru L, this form is cob. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
1	Source of residual in Item H. P=Production Process Residual,     W=Wastewater Treatment Residual, or C=Combination	
,	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry s	olid.
	K. Storage of Item H residual before removal. 1=Metal drums. 2=Fiber drums. 3=A tank. 4=Underground tank. 5=Stockpiled on ground. 6=Holding pond/lagoon. 7=6 at right). (Choose up to 4)	
-	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Haz landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Oth right). (Choose up to 4)	

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### FORM I GENERAL INFORMATION

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Pnone	A SEPARATE REPORT IS REQUIRE	ED FOR EACH LOCATION AT W	HICH YOUR COMPANY DOES BUSINESS.
	For other locations, please photocor For assistance in completing these	•	nal copies. nd Environment Assessment Section (517) 373-21
Α.	FACILITY NUMBER		030019
B.	☐ No. Skip questions D thru M, sign  Yes. In the space below briefly de  Thteareted pulpand page	n the report, and see page 40 for escribe your business then contin LEC M. [], producting co	I) in the state of Michigan during any part of 1989? mailing instructions. The with question C.  Trugated medium of 26, 33, 36, 36  Chemical wood fiber and
C.	Plant Location: If the plant location is of the plant location		facility to which this form is mailed indicate the add
	Street Address		<u> </u>
	City L;		1 1 1 1 1
	ailing 030019 MENASHA CORP DAPERBOARD DIV 320 FARMER ST CTSEGO	u If	any part of the mailing address is incorrect ple pdate incorrect line(s) only below. you have sold the business to the person listed be lease check here
Nan	ne of Company	1:11111	
Plar	nt Location/Attn.		
Stre	eet Address or P.O. Box		
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D.	NPDES Surface Water Discharge P	ermit Number (if applicable)	MII 10101013181214
E.	State Groundwater Discharge Perm	nt Number (if applicable)	<u>M</u> <u>6003333</u>
F.	EPA Identification Number (if availa	able)	MITIDI 01016101112141015
G.	Standard Industrial Classification (See page 6)	ode	12161010
н.	County of Plant Location (See page	<b>≥</b> 4)	013
T	DNR USE ONLY	Sanitary Sewer Code	
_		River Basin Code	

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### FORM II WASTEWATER OUTFALL REPORT

1989

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MEN03377

	A separate Form II is required for each outfall. Photocopy this form or request add	ditional forms if needed.
A.	FACILITY NUMBER ————————————————————————————————————	0 3 0 0 1 9
В.	Outfall Number As You Refer To It	001
<b>c.</b>	DISCHARGE TYPE:  1. Surface Waters (river. stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	AZO RIVER
n.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)	
E.	% Noncontact Cooling dec	o not enter cimal or ction)

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### FORM II WASTEWATER OUTFALL REPORT

1989

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MEN03378

Α.	FACILITY NUMBER		-1013101011191
В.	Outfall Number As You Refer To It		002
C.	<ol> <li>DISCHARGE TYPE:</li> <li>Surface Waters (river, stream, drain, storm sewer, lake give name of receiving water at right)</li> <li>Lagoon or Seepage Pond With No Outlets</li> <li>Spray Irrigation</li> <li>Septic Tank — Tile Field</li> <li>Deep Well Disposal</li> <li>Surface of Ground</li> <li>Other (describe at right)</li> <li>Municipal Sanitary Sewer (give name of municipality)</li> </ol>	NALAMA±00	RIVER
	VOLUME OF DISCHARGE Average Daily Flow	Measured 🔀	111.4421810 131651
ກ.	(million gallons per day) Number of Days Dischargeo per Year Total Annual Flow (million gallons per year)	Estimated	121810

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### FORM II WASTEWATER OUTFALL REPORT

1989

Required by Act 293 PA 1972

MEN03379

	A separate Form II is required for each outfall. Photocopy this form or request additional control of the contr	onal forms if needed.
Α.	FACILITY NUMBER	0300119
В.	Outfall Number As You Refer To It	000
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain storm sewer lake, swamp, etc give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	1200 RIVER
D.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	13161-161419101 13165 1213161-1910101
E.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 9) % Process (Do no deciment of the Sanitary Wastewater) % Sanitary Wastewater	1 1 1 1

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DNR USE ONLY ACTION				
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### FORM II WASTEWATER OUTFALL REPORT

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MEN03380

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.				
Α.	FACILITY NUMBER —	0 3 0 0 1 9			
В.	Outfall Number As You Refer To It	004			
C.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	LAMAZOO RIVER			
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day)  Number of Days Discharged per Year Total Annual Flow (million gallons per year)  Estimated	1111.0151410 1316151 11111191.171616101			
Ε.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Pa % Process % Noncontact Cooling % Sanitary Wastewater	age 9)  (Do not enter decimal or fraction)  (Do not enter 1919 %			

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# FORM II WASTEWATER OUTFALL REPORT

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MEN03381

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.				
A.	FACILITY NUMBER	0300119			
B.	Outfall Numbér As You Refer To It	005			
C.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	4200 RIVER			
D.	*VOLUME OF DISCHARGE Average Daily Flow (million gallons per day)  Number of Days Discharged per Year Total Annual Flow (million gallons per year)  Estimated				
E.	<b>\</b>	not enter // o/o °, and or // o/o °, and			

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CRITICAL MATERIALS REPORT

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FORM III

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If additional Form IIIs are needed (more than one Critical Material to report)
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FACILITY NUMBER

A.	FA	CILITY NUMBER	
В.	CF	RITICAL MATERIAL NAME. (Pages 16, 17 and 18)ARSENIC	MEN03382
C.	PA	RITICAL MATERIAL ARAMETER NUMBER	<u> </u>
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	1 = 0 lbs 1 = less than 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 4 = 101 - 500 lbs 5 \( \leq \) 501 - 1 000 lbs 6 = over 1 000 lbs
E.		ark an X if you want to request consideration for the information is confidentiality only to be granted if the reported information will dis	
F.		Total amount of Item B that was or may have been <b>Discharged</b> if (See Table A1 for code.) If the amount of Item B discharged is zero, continue with Item H.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
	b	Outfall numbers on Form II which discharge this critical material Amount of Item B discharged out each outfall. (See Table A1 for code number) If over 1 000 lbs./yr, indicate amount to nearest 500 lbs	a. 002 b 2 c 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Н.	<ul> <li>a. Amount of item B that was or may have been contained in rescode) If the amount of item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	L, this form is complete
	I.	Source of residual in Item H P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination	
	J.	Physical state of residual in Item H 1=Liquid, 2=Sludge, 3=W	/et solid, 4=Dry solid.
	K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fibe 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/la 8 = Other (specify at right). (Choose up to 4)	agoon, 7 = Dumpster/roll off box,
•	L.	Disposal method of Item H residual Type of disposal site I = Sanital landfill. 3=Own land. 4=Shipped out of state, 5=Incinerated. 6=right) (Choose up to 4)	

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## FORM III CRITICAL MATERIALS REPORT

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Α.	. FACILITY NUMBER -		- LOBIO11191
В.	. CRITICAL MATERIAL N (Pages 16, 17 a	····	
C.	- CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)		- CILIAISISIOIIA
D.	Table A1 for code.)	Ised or Manufactured per year. (See , indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.
E.		to request consideration for the infor be granted if the reported information	mation in Item D to remain confidential.  n will divulge proprietary processes.
F.	(See Table A1 for co continue with Item I	m B that was or may have been Disch de.) If the amount of Item B discharged H. ., indicate amount to nearest 500 lbs.	
	critical material. b. Amount of Item B ( (See Table A1 for c	Form II which discharge this discharged out each outfall. ode number.)	a. 〇〇儿 b. 名 c. a. 〇〇ఎ b. 名 c. a. 〇〇〇 b. 名 c. a. 〇〇〇 b. 日 c. a. 〇〇廿 b. 日 c. a. 日 b. 日 c. a. 日 b. 日 c.
_	code.) If the am	B that was or may have been contained ount of Item B in residuals is zero, skeed./yr., indicate amount to nearest 500 l	
		in Item H. P=Production Process Reatment Residual, or C=Combination	esidual.
	J. Physical state of re	sidual in Item H. 1=Liquid?=Slud	ge, 3=Wet solid, 4=Dry solid.
	4 = Underground tar		. 2 = Fiber drums, 3 = Above ground tank, g pond/lagoon, 7 = Dumpster/roll off box,
<b>)</b>		nd. 4=Shipped out of state, 5=Inciner	I = Sanitary landfill, 2 = Hazardous waste rated, 6 = Recycled, 7 = Other (specify at

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## FORM III CRITICAL MATERIALS REPORT

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Lansing, Michigan 48909 Phone (517) 373-2190 1989 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER -101310101119 В. CRITICAL MATERIAL NAME: 2- ethylhexy (Pages 16, 17 and 18) CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 0 lbs. D. a. Amount of Item B Used or Manufactured per year. (See less than 1 lb 1 - 10 lbs. 2 Table A1 for code.) 11 - 100 lbs. 3 b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 4 = 501 - 1,000 lbs. 5 = over 1,000 lbs. 6 = E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. 002 b. 31 G. a. Outfall numbers on Form II which discharge this critical material. a. 000 5 14 b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for H. code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 1. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4) Drivate

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right). (Choose up to 4)

## FORM III CRITICAL MATERIALS REPORT

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∽sing, Michigan 48909 <sup>(</sup> Required by Act 293, P.A. 1972 ne (517) 373-2190 1989 If additional Form Ills are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. -10131010119 FACILITY NUMBER -CRITICAL MATERIAL NAME. MEN03385 (Pages 16, 17 and 18) C. CRITICAL MATERIAL -10101018151618171 PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = Q lbs. D. a. Amount of Item B Used or Manufactured per year. (See less than 1 lb. 1 - 10 lbs. 2 = Table A1 for code.) 11 - 100 lbs. 3 b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 501 - 1,000 lbs. over 1,000 lbs. Mark an X if you want to request consideration for the information in Item D to remain confidential. \*Confidentiality only to be granted if the reported information will divulge proprietary processes. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for 0 Н. code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. ١. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) Disposal method of Item H residual, Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at

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A.	FA	ACILITY NUMBER	<u></u> ○30019
В.	CI	RITICAL MATERIAL NAME: C ADMI UM (Pages 16, 17 and 18)	
C.	PA	RITICAL MATERIAL ARAMETER NUMBER ————————————————————————————————————	- CLASSO13
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs. 6 = over 1.000 lbs.
E.		ark an X if you want to request consideration for the infor onfidentiality only to be granted if the reported information	
F.	~.	Total amount of Item B that was or may have been Disch (See Table A1 for code.) If the amount of Item B discharged continue with Item H.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
<b>.</b> u.	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a. 002 b. 1 c. 1 1 a. 000 b. 2 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	н.	<ul> <li>a. Amount of Item B that was or may have been contained code.) If the amount of Item B in residuals is zero, ski</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	p I thru L, this form is complete.
	i.	Source of residual in Item H. P=Production Process R W=Wastewater Treatment Residual, or C=Combination	esidual.
_	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludg	ge, 3=Wet solid, 4=Dry solid.
D.	κ.	Storage of Item H residual before removal. 1 = Metal drums, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right). (Choose up to 4)	
	L.	Disposal method of Item H residual. Type of disposal site landfill, 3=Own land, 4=Shipped out of state, 5=Inciner right). (Choose up to 4)	

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		please photocopy Form III or request additional forms.
A.	F	CILITY NUMBER
B.	C	RITICAL MATERIAL NAME: (Pages 16, 17 and 18) Total Chromium
C.	P	RITICAL MATERIAL  RAMETER NUMBER  ages 16, 17 and 18)
D.		Table A1 0 = 0 lbs.  Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.
E.		ark an X if you want to request consideration for the information in Item D to remain confidential.  Indidentiality only to be granted if the reported information will divulge proprietary processes.
F.	a.	Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.
	b	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
Ğ.	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall.  (See Table A1 for code number.)  If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a
	н.	a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.
	1.	Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination
_	J.	Physical state of residual in Item H. 1=Liquid. ?=Sludge, 3=Wet solid. 4=Dry solid.
	K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)
	L.	Disposal method of Item H residual. Type of disposal site I = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state. 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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Α.	FA	CILITY NUMBER	<u>►</u> [0 3 0 0 1 9
3.	CF	ITICAL MATERIAL NAME: COPPER (Pages 16, 17 and 18)	
С.	PA	ITICAL MATERIAL RAMETER NUMBER ages 16, 17 and 18)	- CLASSIO117
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1.000 lbs 6 = over 1.000 lbs
Ε.		rk an X if you want to request consideration for the infornfidentiality only to be granted if the reported information	
F.	a.	Total amount of Item B that was or may have been <b>Disch</b> (See Table A1 for code.) If the amount of Item B discharged continue with Item H.	
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
Ġ.	b. c.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. 000 b. 3 c
	н.	<ul> <li>a. Amount of Item B that was or may have been contain code.) If the amount of Item B in residuals is zero, sk</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 l</li> </ul>	ip I thru L, this form is complete.
	i.	Source of residual in Item H. P=Production Process R W=Wastewater Treatment Residual, or C=Combination	lesidual.
	J.	Physical state of residual in Item H. 1=Liquid, 2=Slud	ge, 3=Wet solid, 4=Dry solid.
	К.	Storage of Item H residual before removal. 1 = Metal drums. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holdin 8 = Other (specify at right). (Choose up to 4)	
	L.	Disposal method of Item H residual. Type of disposal site landfill, 3=Own land, 4=Shipped out of state, 5=Inciner right). (Choose up to 4)	

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## FORM III

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CRITICAL MATERIALS REPORT Required by Act 293, P.A. 1972 1989

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A.	FA	CILITY NUMBER —	<b>→</b> [0]	300119
В.	CF	(Pages 16, 17 and 18)		
C.	PΑ	RITICAL MATERIAL RAMETER NUMBER	—————————————————————————————————————	ऽ ऽ ० ।।४
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	2 = 1 - 10  lbs. $3 = 11 - 100  lbs.$	a. [O
E.		ark an X if you want to request consideration for the info onfidentiality only to be granted if the reported information		
F.	a.	Total amount of Item B that was or may have been <b>Disc</b> (See Table A1 for code.) If the amount of Item B discharge continue with Item H.		a. [4]
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		
Ğ.	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. OOO b. 3 c. 1 a. OOH b. 2 c. 1 a. 1 b. 1 c. 1 c. 1 a. 1 b. 1 c. 1 c. 1 a. 1 b. 1 c. 1 c. 1 a. 1 b. 1 c. 1 c. 1 b. 1 c. 1 c. 1 b. 1 c. 1 c	
_	н.	<ul> <li>a. Amount of Item B that was or may have been contain code.) If the amount of Item B in residuals is zero, sk</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500</li> </ul>	kip I thru L, this form is complete.	a. 2
	I.	Source of residual in Item H. P=Production Process R W=Wastewater Treatment Residual, or C=Combination		W L
	J.	Physical state of residual in Item H. 1=Liquid. 2=Sluc	dge, 3=Wet solid. 4=Dry solid.	20
	К.	Storage of Item H residual before removal. 1 = Metal drums 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holdin 8 = Other (specify at right). (Choose up to 4)		
-	٤.	Disposal method of Item H residual. Type of disposal site landfill, 3=0wn land, 4=Shipped out of state, 5=Incine right). (Choose up to 4)		13171Ll

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Α.	FA	CILITY NUMBER	<u> </u>	13101011191
В.	CF	(Pages 16, 17 and 18) di-N-buty pl	nthalate	
С.	PA	ITICAL MATERIAL RAMETER NUMBER ages 16. 17 and 18)	<u>→</u> [0]0]0	1841714121
D.		Amount of item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1 000 lbs./yr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs 1 = less than 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 4 = 101 - 500 lbs 5 = 501 - 1 000 lbs 6 = over 1 000 lbs	a. [ <i>O</i> ]
E.		irk an X if you want to request consideration for the infor infidentiality only to be granted if the reported informatio		
F.		Total amount of Item B that was or may have been Disch (See Table A1 for code.) If the amount of Item B discharged continue with Item H	d is zero, skip G and b.	a. [3]
).	b.	If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.		
ં <b>હ</b> .	b. '	Outfall numbers on Form II which discharge this critical material.  Amount of Item_B discharged out each outfall. (See Table A1 for code number) If over 1.000 lbs./yr. indicate amount to nearest 500 lbs.	a	
_	н.	<ul> <li>a. Amount of item B that was or may have been contained code.) If the amount of item B in residuals is zero, sk</li> <li>b. If over 1,000 lbs./yr, indicate amount to nearest 500 li</li> </ul>	ip I thru L, this form is complete	a. [0]
	1.	Source of residual in Item H. P=Production Process R W=Wastewater Treatment Residual, or C=Combination	lesidual.	
	J.	Physical state of residual in Item H 1=Liquid. 2=Slud	ge. 3=Wet solid. 4=Dry solid.	
-	К.	Storage of Item H residual before removal. 1 = Metal drums, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right). (Choose up to 4)		
-	L.	Disposal method of Item H residual. Type of disposal site landfill. 3=Own land, 4=Shipped out of state, 5=Incinetright). (Choose up to 4)	1=Sanitary landfill, 2=Hazardous waste rated, 6=Recycled, 7=Other (specify at	

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Α.	FA	CILITY NUMBER	- OBED
В.	CF	RITICAL MATERIAL NAME: (Pages 16, 17 and 18)	MEN0339
C.	PA	RITICAL MATERIAL RAMETER NUMBER ————————————————————————————————————	- CLASS0119
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs b. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.
Ε.		ark an X if you want to request consideration for the info	
F.	a.	Total amount of Item B that was or may have been Disci (See Table A1 for code.) If the amount of Item B discharge continue with Item H.	
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	J
Ğ.	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.)  If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a. 000 b. 2 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	н.	<ul> <li>a. Amount of Item B that was or may have been contain code.) If the amount of Item B in residuals is zero, sk</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 l</li> </ul>	ip I thru L, this form is complete.
	l.	Source of residual in Item H. P=Production Process F W=Wastewater Treatment Residual, or C=Combination	lesidual.
	J.	Physical state of residual in Item H. 1=Liquid. 2=Slud	ge, 3=Wet solid, 4=Dry solid.
	к.	Storage of Item H residual before removal. 1 = Metal drums 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holdin 8 = Other (specify at right). (Choose up to 4)	
~	L.	Disposal method of Item H residual. Type of disposal site landfill. 3=0wn land, 4=Shipped out of state, 5=Incine right). (Choose up to 4)	

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Α.	A. FACILITY NUMBER	<u> </u>
В.	B. CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) MERCURY	
C.	C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	- CLASSIO1711
D.	TABLE A1 0 =  D. a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
E.	E. Mark an X if you want to request consideration for the information in Ite Confidentiality only to be granted if the reported information will divulge	em D to remain confidential. e proprietary processes.
F.	F. a. Total amount of Item B that was or may have been Discharged in wa (See Table A1 for code.) If the amount of Item B discharged is zero, skip continue with Item H.	
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	U. [
Ġ.	critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a b c
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residual code.) If the amount of Item B in residuals is zero, skip I thru L, th.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	W L
	J. Physical state of residual in Item H. 1=Liquid. 2=Sludge, 3=Wet so	olid, 4=Dry solid.
_ <b>)</b>	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber druft 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagood 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
-	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary Is landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recright). (Choose up to 4)	

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H.

J.

right). (Choose up to 4)

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E.

#### FORM III **CRITICAL MATERIALS REPORT**

DNR USE ONLY - ACTION New Change 2 3 □

Michigan 48909 517) 373-2190	Required by Act 293. P A 1972		
	If additional Form IIIs are needed (more that please photocopy Form III or requ		1989
FACILITY NUM	MBER		-01310101191
CRITICAL MAT (Pages	TERIAL NAME: Methylene Chlo	ride	
CRITICAL MAT PARAMETER N (Pages 16, 17	NUMBER		0017121019121
Table A1 fo	Item B Used or Manufactured per year. (See	BLE A1 0 = 0 ibs 1 = less than 1 lb 2 = 1 - 10 ibs 3 = 11 - 100 ibs 4 = 101 - 500 ibs 5 = 501 - 1 000 ibs 6 = over 1 000 ibs	a. O
	ou want to request consideration for the information with the design of the reported information with the reported information		
	int of Item B that was or may have been <b>Discharg</b> A1 for code.) If the amount of Item B discharged is ith Item H.		a. [3]
b. If over 1,00	00 lbs./yr., indicate amount to nearest 500 lbs.		
b. Amount of (See Table ).	nbers on Form II which discharge this rerial. Item B discharged out each outfall. A1 for code number.) 0 lbs./yr., indicate amount to nearest	a. OOO b 3 c L a	
code.) If	of Item B that was or may have been contained if the amount of Item B in residuals is zero, skip I ,000 lbs./yr., indicate amount to nearest 500 lbs.	n residuals per year. (See Table A1 f thru L, this form is complete. b.	or a
	residual in Item H. P=Production Process Residual realment Residual, or C=Combination	dual,	U U
Physical sta	ate of residual in Item H. 1=Liquid, 2=Sludge,	3=Wet solid. 4=Dry solid.	
4 = Undergr	Item H residual before removal. 1 = Metal drums, 2 = round tank, 5 = Stockpiled on ground, 6 = Holding pospecify at right). (Choose up to 4)		
landfill, 3=	nethod of Item H residual. Type of disposal site 1=S =Own land, 4=Shipped out of state, 5=Incinerate		

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### FORM III CRITICAL MATERIALS REPORT

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		nigan 48909 373-2190	Required by Act 293, P.A. 19	972	1000
		if	additional Form IIIs are needed (more please photocopy Form III or a		1989
Α.	FA	CILITY NUMBER			0310101119
В.	CF	RITICAL MATERIAL (Pages 16, 17	NAME: Yand 18) NICKEL		
C.	PA	NITICAL MATERIAL RAMETER NUMB ages 16, 17 and 18	ER	<u> </u>	ASISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONALA MSISIONA MSIS
D.		Table A1 for code	Used or Manufactured per year. (See e.) yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less tnan 1 lb.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1.000 lbs.  6 = over 1.000 lbs.	a. [ <i>O</i> ]
E.			nt to request consideration for the infor to be granted if the reported informatio	rmation in Item D to remain confidential. n will divulge proprietary processes.	
F.	а.		tem B that was or may have been <b>Disch</b> code.) If the amount of Item B discharged n H.	d is zero, skip G and	a. [ <u>4</u> ]
	b.	If over 1,000 lbs./	yr., indicate amount to nearest 500 lbs.	b. [	
<b>.</b>	b.	critical material. Amount of Item 6 (See Table A1 for	on Form II which discharge this  3 discharged out each outfall, code number.)  7r., indicate amount to nearest	a. OOO b. 4 c a b c a b c a b c a b c a b c a b c	
	Н,	code.) If the a	m B that was or may have been contained mount of Item B in residuals is zero, sk ps./yr., indicate amount to nearest 500 I	1 1	a. [3]
	i.	Source of residu W=Wastewater T	al in Item H. P=Production Process R reatment Residual, or C=Combination	lesidual,	W L
	J.	Physical state of	residual in Item H. 1=Liquid. 2=Slud	ge. 3=Wet solid. 4=Dry solid.	2
	К.	4 = Underground t	residual before removal. 1 = Metal drums, ank, 5 = Stockpiled on ground, 6 = Holding at right). (Choose up to 4)	. 2 = Fiber drums. 3 = Above ground tank, g pond/lagoon, 7 = Dumpster/roll off box,	LIHEL
-	L.	Disposal method landfill, 3=0wn right), (Choose u	of Item H residual. Type of disposal site and, 4=Shipped out of state, 5=Inciner to 4)	1=Sanitary landfill, 2=Hazardous waste rated, 6=Recycled, 7=Other (specify at Subsoiled on prive	1317tl

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# FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

1989

		If additional Form IIIs are needed (more than one please photocopy Form III or request a		1989
Α.	FA	CILITY NUMBER		013101011191
B.	CF	(Pages 16, 17 and 18)		
C.	PA	RITICAL MATERIAL RAMETER NUMBER ages 16, 17 and 18)	-  C L	<u> </u>
D.:		TABLE A Amount of Item B Used or Manufactured per year. (See Table A1 for code.) If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	1 0 = 0 lbs. 1 = less than 1 lb 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1 000 lbs.	a. 6
E.		ark an X if you want to request consideration for the information onfidentiality only to be granted if the reported information will dis		
F.	a.	Total amount of Item B that was or may have been <b>Discharged</b> i (See Table A1 for code.) If the amount of Item B discharged is zero continue with Item H.		a. [O]
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	D. [	
<b>G</b> .	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a b c a b c a b c a b c a b c a b c	
	н.	<ul> <li>a. Amount of Item B that was or may have been contained in rescode.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	siduals per year. (See Table A1 for L. this form is complete.	a. [O]
	I.	Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual. or C=Combination		
	Ĵ.	Physical state of residual in Item H. 1=Liquid. 2=Sludge, 3=W	/et solid, 4=Dry solid.	
)	К.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fibe 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/line 8 = Other (specify at right). (Choose up to 4)	er drums, 3 = Above ground tank, agoon, 7 = Dumpster/roll off box,	
-	L.	Disposal method of Item H residual. Type of disposal site 1=Sanit landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=right) (Choose up to 4)		

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# FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

Pho	If additional Form IIIs are needed (more than one Critical Materia please photocopy Form III or request additional forms.	
<b>A</b> .	. FACILITY NUMBER —	0 3 0 0 1 9
В.	CRITICAL MATERIAL NAME: Phenols (Pages 16, 17 and 18)	
c.	. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	-101011018191512
D.	TABLE A1 0 = 0 lbs.  a. Amount of item B <b>Used</b> or <b>Manufactured</b> per year. (See  Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1.000 lb.  6 = over 1.000 lb.	a. <u>U</u>
E.	. Mark an X if you want to request consideration for the information in Item D to rema Confidentiality only to be granted if the reported information will divulge proprietary	ain confidential.
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewater per (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> </ul>	r year. a. 6 b. 1 1 1 2500
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	U
3.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOU	b. 5 c.
_	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (code.) If the amount of Item B in residuals is zero, skip I thru L, this form is cob. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	(See Table A1 for a. 2 omplete.
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	W L
_	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry s	solid.
_	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Abov 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumps 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
<b>J</b> —	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Ha landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Oti right). (Choose up to 4)	

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### FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

If additional Form IIIs are needed (more than one Critical Material to report)

1989

		please photocopy Form III or request additional forms.		
Α.	FA	ACILITY NUMBER		013101011191
B.	CF	RITICAL MATERIAL NAME: SODIUM Hypochlorite		MEN03397
C.	PA	RITICAL MATERIAL ARAMETER NUMBER Pages 16, 17 and 18)	-616	14 5 5 0 1 4
D.		Amount of item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	ъ. Ц	a. 6
E.		ark an X if you want to request consideration for the information in Item D to remain onfidentiality only to be granted if the reported information will divulge proprietary p		
F.		Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per ye (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	ear. b	a. [O]
	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.	
	н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (Se code.) If the amount of Item B in residuals is zero, skip I thru L, this form is comb. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a. [0]
	I.	Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination		ЦЦ
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry sol	id.	
	K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above of 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster 8 = Other (specify at right). (Choose up to 4)		
	L.	Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazar landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other right). (Choose up to 4)		

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# FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

	If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.	1989
١.	FACILITY NUMBER —	0 3 0 0 1 9
3.	CRITICAL MATERIAL NAME: Toluene (Pages 16, 17 and 18)	
<b>3</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	101818131
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 501 - 1,000 lbs. 6 = over 1,000 lbs.	a. 🖸
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes.	
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b	a.[3]
_	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. 🖒
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	ШШ
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)	

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### FORM III CRITICAL MATERIALS REPORT

DNR USE ONLY — ACTION					
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	1. 🔲	2. 🔲	3. 🔲		

Required by Act 293, P.A. 1972

	If additional Form IIIs are needed (more than one Critical Material please photocopy Form III or request additional forms.	
۹.	A. FACILITY NUMBER	<u>-</u>  0 3 0 0 1 9
3.	CRITICAL MATERIAL NAME:  (Pages 16, 17 and 18)  Zinc	
<b>)</b> .	C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	- C 4 5 5 0 2 7
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lb.  6 = over 1,000 lb.	b.
Ξ.	E. Mark an X if you want to request consideration for the information in Item D to rema Confidentiality only to be granted if the reported information will divulge proprietary	ain confidential. processes.
F.	F. a. Total amount of Item B that was or may have been Discharged in wastewater per (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	year. a. 5
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	D. [
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. if over 1,000 lbs./yr indicate amount to nearest 500 lbs.  a. OO 3  a. OO 3  a. OO 3  a. OO 3  a. OO 3  a. OO 3  a. OO 3  a. OO 3	b. 4 c
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (code.) If the amount of Item B in residuals is zero, skip I thru L, this form is cob. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	(See Table A1 for a. <u>5</u> ) omplete. b. <u>                   </u>
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	M
	J. Physical state of residual in Item H. 1=Liquid. 2=Sludge, 3=Wet solid, 4=Dry s	solid.
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Abov 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon. 7 = Dumps 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hallandfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other right), (Choose up to 4)	

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# FORM I GENERAL INFORMATION

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	Michigan 48909 517) 373 2190	Required by Act 293 P.A. 1972		1990
			WHICH YOUR COMPANY DOES BUSINES	SS
	For assistance in completing these	forms call the Great Lakes	and Environment Assessment Section (51	7) 373-2190
Α.	FACILITY NUMBER		030	019
	No Skip questions D thru M, sign	the report, and see page 40 for	al) in the state of Michigan during any part or mailing instructions nue with question C ligated medium of 26, 33, and ald call wood fiber and old ca	
C.	of the plant location b	elow	e facility to which this form is mailed indicat	e the address
	City    037 1		If any part of the mailing address is incomplete incorrect line(s) only below If you have sold the business to the person please check here	
Nam	e of Company			
Plan	t Location/Attn			
Stree	et Address or PO Box			<del></del>
City	• 		State Zip	
D.	NPDES Surface Water Discharge Pe	rmit Number (if applicable)	MIJ 010'0'3	8241
Ε.	E. State Groundwater Discharge Permit Number (if applicable)  M ocal		333	
F.	EPA Identification Number (if availal	ole)	MID 006012	4 0 5
G.	Standard Industrial Classification Code (See page 6)			
н.	County of Plant Location (See page	4)		0:3
	DNR USE ONLY	Sanitary Sewer Code		
-		River Basin Code		

### MEN03401

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# FORM II WASTEWATER OUTFALL REPORT

1990

Required by Act 293, P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.		
Α.	FACILITY NUMBER	[0]3101011191	
В.	Outfall Number As You Refer To It	[o] o] I	
c.	<ol> <li>DISCHARGE TYPE:</li> <li>Surface Waters (river, stream, drain, storm sewer, lake, swamp, e give name of receiving water at right)</li> <li>Lagoon or Seepage Pond With No Outlets</li> <li>Spray Irrigation</li> <li>Septic Tank — Tile Field</li> <li>Deep Well Disposal</li> <li>Surface of Ground</li> <li>Other (describe at right)</li> <li>Municipal Sanitary Sewer (give name of municipality at right)</li> </ol>	Kalamazoo River	
D.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimate	2017	
Ε.	TYPE OF WASTEWATER (Each Outfall must total 100% See instruction of Process  Noncontact Cooling  Sanitary Wastewater	ons on Page 9)  (Do not enter decimal or fraction)	

PR 4888-5

DNR USE ONLY	- ACTI	ON	
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# FORM II WASTEWATER OUTFALL REPORT

1990

Required by Act 293, P.A. 1972

۱.	FACILITY NUMBER	0300119
 ).	Outfall Number As You Refer To It	[0]0]2]
· ·	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain storm sewer, lake, swamp, etc.: Ka give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	lamazoo River
<b>-</b> .	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)	11 11 18141 · [0] 01 61 01 [3] 61 51 [1] • [5] 01 41 01

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## FORM II WASTEWATER OUTFALL REPORT

1990

Required by Act 293 P.A. 1972

A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.				
Α.	FACILITY NUMBER	1013101011191		
в.	Outfall Number As You Refer To It	[0]0[0]		
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream drain storm sewer lake, swamp, etc. give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	x River		
D.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	2 2 5  .  8 3 1 0   3 6 5     2 2 5  .  8 3 1 0		
Ε.	TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)  2 Process  3 Noncontact Cooling  4 decimal  5 Sanitary Wastewater  TYPE OF WASTEWATER (Each Outfall must total 100% See instructions on Page 9)  (Do not decimal fractions)	or Ll!		

PR 4888-5

DNR USE ONLY	Ξ	ACTIO	N	
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## FORM II WASTEWATER OUTFALL REPORT

1990

ng Michigan 48909 a (517) 373-2190 Required by Act 293, P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request	additional forms if needed.
A.	FACILITY NUMBER	0 3 0 0 1 9
В.	Outfall Number As You Refer To It	[0]0]4]
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	mazoo River
D.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	
E.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page % Process % Noncontact Cooling % Sanitary Wastewater	e 9) (Do not enter decimal or fraction)

PR 4888-5

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# FORM II WASTEWATER OUTFALL REPORT

1990

1 373-2190 Required by Act 293 P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or requ	est additional forms if needed.
Α.	FACILITY NUMBER ————————————————————————————————————	0 3 0 0 1  9
В.	Outfail Number As You Refer To It	0005
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, swamp, etc.: give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at right)	amazon River
D.	VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  Estimated	131171   6181610
Ε.	TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on P % Process % Noncontact Cooling % Sanitary Wastewater	(Do not enter decimal or fraction)
		PR 4888-

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### FORM III CRITICAL MATERIALS REPORT

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Phon	If additional Form IIIs are needed (more than one Critical Material to report please photocopy Form III or request additional forms.	1990
Α.	FACILITY NUMBER	<u></u>  0 3 0 0 1 9
В.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)  ARSENIC	
c.		CICIAISISIOIIII
D.	a. Amount of item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1 - 10 lbs  3 = 11 - 100 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs	a. 🕗
E.	Mark an X if you want to request consideration for the information in Item D to remain confidence Confidentiality only to be granted if the reported information will divulge proprietary processes	l l
F.	a. Total amount of Item B that was or may have been Discharged in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. I	a. [3]
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr , indicate amount to nearest 500 lbs.  a. OOUY b. 21  a. OOUY b. 21  a. OUUY b. 21	c
	H. a Amount of Item B that was or may have been contained in residuals per year. (See Table code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1 000 lbs./yr, indicate amount to nearest 500 lbs  p.	A1 for a //
	I. Source of residual in Item H P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination	W
	J. Physical state of residual in Item H ==Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	21
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground to 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off 8 = Other (specify at right). (Choose up to 4)</li> </ul>	tank. [][4][6][] box.
<b>)</b> —	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous w landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. 7=Other (specinght). (Choose up to 4)  Subsoled on pr	ify at

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right). (Choose up to 4)

## FORM III CRITICAL MATERIALS REPORT

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Phone (517) 373-2190 1990 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. FACILITY NUMBER -<u>- 10131011919</u> A. CRITICAL MATERIAL NAME: 8. BERYLLIUM (Pages 16, 17 and 18) \_ CRITICAL MATERIAL - CLA SISIO112 PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = 3 lbs. a. |0| ess than 1 lb. D. a. Amount of Item B Used or Manufactured per year. (See 1 1 - 10 lbs. 2 = Table A1 for code.) 11 - 100 lbs. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. :01 - 500 lbs. 1 = 501 - 1 000 lbs 5 = over 1 000 lbs. 6 = E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. 000 b. 121 c. G. a. Outfall numbers on Form II which discharge this critical material. a. 00/ b 2 c. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) a 602 b 2 c. If over 1.000 lbs./yr., indicate amount to nearest a 005 0 1 500 lbs. H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for a. |O code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. 1. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box. 8 = Other (specify at right). (Choose up to 4) Disposal method of Item Hiresidual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=incinerated, 6=Recycled, 7=Other (specify at

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Α.	FACILITY NUMBER	0300119
В.	CRITICAL MATERIAL NAME. (Pages 16. 17 and 18) bis (2-e+hylhexyl)ph	1 thalate
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	0011178177
D.	Table A1 for code.)  2 = 1-10 3 = 11-1  b. If over 1 000 lbs./yr . indicate amount to nearest 500 lbs  4 = 101-5 = 501-	a. 0   0   0   0   0   0   0   0   0   0
E.	Mark an X if you want to request consideration for the information in Item D to Confidentiality only to be granted if the reported information will divulge propriate the confidentiality only to be granted if the reported information will divulge propriate.	
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewate (See Table A1 for code ) If the amount of Item B discharged is zero skip G and continue with Item H</li> <li>b. If over 1 000 lbs./yr. indicate amount to hearest 500 lbs</li> </ul>	
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall.  (See_Table A1 for code number)  c. If over 1 000 lbs./yr. indicate amount to nearest 500 lbs.	
	H. a. Amount of Item 8 that was or may have been contained in residuals bery code i if the amount of Item 8 in residuals is zero, skip I thru L. this form b. If over 1 000 lbsvr., indicate amount to nearest 500 lbs.	
ı	I. Source of residual in Item H P=Production Process Residual W=Wastewater Treatment Residual or C=Combination	WL
	J. Physical state of residual in Item H 1=Liquid 2=Sludge, 3=Wet soild 4=	=Drv solid [2] [_]
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = 4 = Underground tank. 5 = Stockpiled on ground. 6 = molding pond/lagoon. 7 = 0 8 = Other ispecify at right). (Choose up to 4)</li> </ul>	
	L. Disposal method of Item H residual. Type or disposal site 1=Sanitary landfill landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. right). (Choose up to 4)	

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Α.	FACILITY NUMBER		1300119
B.	CRITICAL MATERIAL NAME: BUTY   benzy   phthalate		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	-1000	18151618171
D.	a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 3 lbs.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  5 = 501 - 1.000 lbs.  5 = over 1 000 lbs.		a. 6]
Ε.	Mark an X if you want to request consideration for the information in Item D to remain con Confidentiality only to be granted if the reported information will divulge proprietary process.		
F.	a. Total amount of Item B that was or may have peen Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.		<u> </u>
G.	b: If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  a	3] c.	
}	H. a. Amount of Item B that was or may have been contained in residuals per year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complet b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.		a. [ <i>0</i> ]
1	Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Compination		
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.		
,	<ul> <li>Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums. 3 = Above ground 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll 8 = Other (specify at right). (Choose up to 4)</li> </ul>		
ì	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardou landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. 7=Other (spright). (Choose up to 4)		

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If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.

	<b></b>	photocopy Form in or r	
A.	FACILITY NUMBER		0 3 0 0 1 9
В.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)	CADMIUM	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)		-[C]L A S S 0 1 3
D.	a. Amount of Item B <b>Used</b> or <b>Manufa</b> Table A1 for code.)      b. If over 1 000 lbs. yr., indicate amounts	, , ,	TABLE A1 0 = J lbs.  1 = less tnan 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 4 = 101 - 500 lbs 5 = 501 - 1 000 lbs 6 = over 1 000 lbs
E.	Mark an X if you want to request con Confidentiality only to be granted if to		mation in Item D to remain confidential n will divulge proprietary processes
F.	a. Total amount of Item B that was o (See Table A1 for code.) If the amou continue with Item H  b. If over 1,000 lbs /yr., indicate amo	unt of Item B discharged	
G.	<ul> <li>a. Outfall numbers on Form II which of critical material</li> <li>b. Amount of Item B discharged out (See Table A1 for code number.)</li> <li>c. If over 1 000 lbsyr, indicate amount 500 lbs.</li> </ul>	each outfall.	a. OOO b 2 c
		in residuals is zero, ski	ed in residuals per vear iSee Table A1 for a 2 p I thru L. this form is complete bs.
	I. Source of residual in Item H P= W=Wastewater Treatment Residu	Production Process Ral. or C=Combination	esidual.
	J. Physical state of residual in Item F	1 '=Liquid. 2=Sludo	ge, 3=Wet solid 4=Dry solid
)		d on ground, 6 = Holding	2 = Fiber drums. 3 = Above ground tank.  g pond/lagoon. 7 = Dumpster/roll off box.
	L. Disposal method of Item H residua landfill, 3=Own land, 4=Shipped right) (Choose up to 4)	I. Type or disposal site 1 out of state, 5=inciner	ated. 6=Recycled. 7=Other (specify at Subsorted on Private land

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A.

G.

H.

J.

K.

8 = Other (specify at right). (Choose up to 4)

right). (Choose up to 4)

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n Department of Natural Pesoul Reports 128 Michigan 48909	CRITICAL MATERIALS R  Required by Act 293 P.A. 1972	EPORT	Dete	te New Change
11 373-2190 If	additional Form IIIs are needed (more than please photocopy Form III or requ			1990
FACILITY NUMBER				030019
CRITICAL MATERIAL (Pages 16 17	- · · · · · - · · · · · · · · · · · · ·			
CRITICAL MATERIAL PARAMETER NUMBI (Pages 16, 17 and 18	ER		CIL	. A S S 0 1 S
Table A1 for code	Used or Manufactured per year (See	2 = '-10 3 = '-1 - = '01 - 5 = 501 -	nan 1 lb 0 lbs 100 lbs 500 lbs b         1 000 lbs	a. O
	nt to request consideration for the information will be granted if the reported information will			
(See Table A1 for a continue with Item				a. [3]
a. Outfall numbers of critical material     b. Amount of Item E (See Table A1 for	yr , indicate amount to nearest 500 lbs.  In Form II which discharge this  B discharged out each outfail code number )  If indicate amount to nearest	a   O   a		
code) If the ar	m B that was or may have been contained in mount of Item B in residuals is zero, skip I to say, indicate amount to nearest 500 lbs			or a Z
Source of residua W=Wastewater T	al in Item H P=Production Process Resid reatment Residual, or C=Compination	ual		M
Physical state of	residual in Item H 1=Liquid 2=Sludge. 3	3=Wet sona 4=	=Dry solid	2
. Storage of Item H	residual before removal. 1 = Metal drums. 2 =	Fiber drums 3 =	= Above ground tank	1 11411611 1

4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box.

Disposal method of Item H residual Type of disposal site 1=Sanitary lanofill 2=Hazardous waste landfill 3=Own land. 4=Shipped out of state. 5=incinerated. 6=Recycled 7=Other (specify at

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=hor	If additional Form ills are needed (more than one Critical Material to report) . please photocopy Form III or request additional forms.	1990
Α.	FACILITY NUMBER	- 6360119
В.	CRITICAL MATERIAL NAME: COPPER (Pages 16, 17 and 18)	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	L A S S 0 1 7
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  5 = 501 - 1.000 lbs.  6 = over 1.000 lbs.	a. [O]
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	al.
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater ber year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.	a. [4]
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discnarge this critical material.  b. Amount of Item B discnarged out each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOO 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.  a. OOO 7 5. 4 c.	
_	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	for a. 3
	Source of residual in Item H. P=Production Process Residual.     W=Wastewater Treatment Residual. or C=Combination	$\omega$
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	2
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank.</li> <li>4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box.</li> <li>8 = Other (specify at right). (Choose up to 4)</li> </ul>	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous wast landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. 7=Other (specify a right). (Choose up to 4)	it ,

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Α.	FACILITY NUMBER	<u> </u>
в.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	- [CILI A SISIOI 118]
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1 - 10 lbs 3 = 11 - 100 lbs 5 = 501 - 1 000 lbs 5 = over 1 000 lbs	a. [ <i>0</i> ]
E.	Mark an X if you want to request consideration for the information in Item D to remain conficentiality only to be granted if the reported information will divulge proprietary process	1 1
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.	a. [4]
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
	<ul> <li>Amount of Item B that was or may have been contained in residuals per year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>If over 1 000 lbs./yr indicate amount to nearest 500 lbs.</li> </ul>	
	<ol> <li>Source of residual in Item H. P=Production Process Residual.</li> <li>W=Wastewater Treatment Residual. or C=Combination</li> </ol>	W _
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	21
	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon. 7 = Dumpster/roll o 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated, 6=Recycled. 7=Other (speright). (Choose up to 4)	

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Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 16. 17 and 18)	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	01018141714121
D.	a. Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = J lbs.  1 = less than 1 lb 2 = 1 - 10 lbs. 3 = :1 - 100 lbs. 5 = :501 - 1 000 lbs 5 = over 1 000 lbs	a. [0]
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	
F.	a. Total amount of Item B that was or may have been Discharged in wastewater ber year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.	a. [3]
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOO D b C. C. C. C. C. C. C. C. C. C. C. C. C.	
	<ul> <li>a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 to code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	for a. <u>්ථ</u>
!	. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination	ЦL
•	I. Physical state of residual in Item H. *=Liquid. 2=Sludge. 3=Wet solid 4=Dry solid.	
!	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above ground tank. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon. 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)	
	Disposal method of Item H residual. Type or disposal site 1=Sanitary landfill. 2=Hazardous waste landfill. 3=Own land. 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)	

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A.	FACILITY NUMBER	<b>→</b> [0]3 0 0 1 9
В.	CRITICAL MATERIAL NAME (Pages 16 17 and 18)	
c.		- CLASSO119
D.	TABLE A1 0 = 0 lbs  1 = ess tnan 1 lb 2 = 1 10 lbs  Table A1 for code )  2 = 1 10 lbs  3 = 11 - 100 lbs  4 = 101 - 500 lbs  5 = 531 - 1 000 lbs  6 = over 1 000 lbs	a (O
E.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality only to be granted if the reported information will divulge proprietary process.	
F.	a Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year (See Table A1 for code.) If the amount of Item B discharged is zero skip G and continue with Item H.	a. [3]
	b If over 1 000 lbs /yr , indicate amount to nearest 500 lbs	
G.	a Outfall numbers on Form II which discharge this critical material  b Amount of Item B discharged out each outfall (See Table A1 for code number)  c If over 1 000 lbs yr indicate amount to nearest 500 lbs  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  a UOOS b 3  b 11  a UOOS b 13  a UOOS b 13  a UOOS b 13  b 11  a UOOS b 13  a UOOS b 13  b 11  a UOOS b 13  b 11  b 11  a UOOS b 13  b 11  b 11  a UOOS b 13  b 11  b 11  a UOOS b 13  b 13  b 14  b 15  critical material b 15  a UOOS b 13  b 14  b 15  critical material b 15  a UOOS b 13  b 14  b 15  critical material b 15  a UOOS b 13  b 14  critical material b 15  a UOOS b 13  b 14  critical material b 15  a UOOS b 13  critical material b 15  a UOOS b 13  b 14  critical material b 15  a UOOS b 13  critical material b 15  a UOOS b 13  critical material b 15  a UOOS b 13  critical material b 15  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  a UOOS b 13  critical material b 12  critical material b 12  a UOOS b 13  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 12  critical material b 13  critical material b 13  critical material b 13  critical material b 13  critical material b 13  critical material b 13  critical mat	c
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	J. Physical state of residual in Item H 1=Liquid 2=Sludge 3=Wet solid 4=Dry solid	[2]
	K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums 3 = Above ground 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll of 8 = Other (specify at right) (Choose up to 4)	
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ansing Michigan 48909 Required by Act 293, P.A. 1972 hone (517) 373-2190 1990 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. -030017 FACILITY NUMBER -В. CRITICAL MATERIAL NAME: MERCURY (Pages 16, 17 and 18) CRITICAL MATERIAL C. PARAMETER NUMBER -(Pages 16, 17 and 18) Jibs. TABLE A1 0 = a. |0| D. a. Amount of Item B Used or Manufactured per year. (See ess than 1 '5 1 - 10 lbs. Table A1 for code.) 11 - 100 lbs b. If over 1,000 lbs./vr., indicate amount to nearest 500 lbs. 101 - 500 lbs 501 - 1 000 its over 1 000 lbs. E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes. F. Total amount of Item B that was or may have been Discharged in wastewater perfyear. a. |0| (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. G. a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for Н. code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1 000 lbs., yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual. I. W=Wastewater Treatment Residual, or C=Combination J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 14/6/ K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above ground tank. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4) 11311711 Disposal method of Item H residual, Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at

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hone (517) 373-2190 1990 If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms → 0 | 3 | 0 | 0 | 1 | 9 | FACILITY NUMBER -В. CRITICAL MATERIAL NAME: NICKEL (Pages 16, 17 and 18) CRITICAL MATERIAL - CLIA S S 0 2 2 PARAMETER NUMBER (Pages 16, 17 and 18) TABLE A1 0 = 0 ths 1 = less than 1 lb a. |0| D. a. Amount of Item B Used or Manufactured per year. (See 1 - 10 lbs. Table A1 for code.) 11 - 100 lbs b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 501 - 1 000 lbs over 1 000 ibs E. Mark an X if you want to request consideration, for the information, in Item D to remain confidential Confidentiality only to be granted if the reported information will divulde proprietary processes. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H. b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs. a. 000 b. 3 c G. a. Outfall numbers on Form II which discharge this critical material. a. 002 p 2 c b. Amount of Item B discharged out each outfall (See Table A1 for code number.) c. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for 2 H. code) If the amount of Item B in residuals is zero, skip I thru L, this form is complete. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. b. i Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination J. Physical state of residual in Item H 1=Liquid, 2=Sluage, 3=Wet soild, 4=Dry solid. 1 1141611 K. Storage of Item H residual before removal. 1 = Metal grums, 2 = Fiber grums, 3 = Above ground tank. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roil off box. 8 = Other (specify at right). (Choose up to 4) Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill. 2=Hazardous waste

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### FORM III CRITICAL MATERIALS REPORT

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Required by Act 293 P.A. 1972

	If additional Form IIIs are needed (more please photocopy Form III or	
Α.	FACILITY NUMBER	<u> </u>
в.	CRITICAL MATERIAL NAME. Phenols (Pages 16, 17 and 18)	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	<u>→</u> [0 0 1 0 8 9 5]2
D.	a. Amount of Item B Used or Manufactured per year (See Table A1 for code )     b. If over 1 000 lbs. vr. indicate amount to nearest 500 lbs.	TABLE A1 0 - 3 lbs  1 = ess tnan 1 b 2 = '-10 lbs 3 = '1-100 lbs - = 01-500 lbs 5 = 501-1 000 lbs 5 = 0/er 1 000 lbs
Ε.	Mark an X if you want to request consideration for the into Confidentiality only to be granted if the reported information	
F.	a Total amount of Item B that was or may have been Disc (See Table A1 for code ) If the amount of Item B discharge continue with Item H	diszero skip G and a D
G.	<ul> <li>b. If over 1 000 lbs. yr, indicate amount to nearest 500 lbs</li> <li>a Outfall numbers on Form II which discharge this critical material</li> <li>b Amount of Item B discharged out each outfall (See Table A1 for code number)</li> <li>c If over 1 000 lbs yr indicate amount to nearest 500 lbs</li> </ul>	a 0 0 0 b 4 c 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<ul> <li>H. a Amount of Item B that was or may have been contain code; If the amount of Item B in residuals is zero, siblid life over 1 000 lbs, vr., indicate amount to nearest 500.</li> </ul>	kip I thru L. this form is complete
	I. Source of residual in Item H P=Production Process 6 W=Wastewater Treatment Residual, or C=Combination	IXII i
	J. Physical state of residual in Item H 1=Liquid, 2=Sluc	dge, 3=Wet sona 4=Dry sond
\	K. Storage of Item H residual before removal. 1 = Metal drums 4 = Underground tank. 5 = Stockpiled on ground, 6 = Holdin 8 = Other (specify at right). (Choose up to 4)	
,	L. Disposal method of Item H residual. Type of disposal site landfill 3=Own land, 4=Shipped out of state, 5=incine right) (Choose up to 4)	

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# FORM III CRITICAL MATERIALS REPORT

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	If additional Form IIIs are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.	1990
Α.	FACILITY NUMBER	- 101310101191
В.	CRITICAL MATERIAL NAME: SODIUM Hypochlorite	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	L A S S O 1 4
D.	TABLE A1 0 = 2 lbs.  a. Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  b. If over 1.000 lbs./yr indicate amount to nearest 500 lbs.  Table A1 0 = 2 lbs.  2 = 1.100 lbs.  3 = 11.100 lbs.  5 = 531.1.000 lbs.  5 = 2ver 1.000 lbs.	a. 6
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidenti Confidentiality only to be granted if the reported information will divulge proprietary processes.	al.
F.	a. Total amount of Item B that was or may have been Discharged in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.	a. [0]
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	
. G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	
	<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table Ascode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs.:yr., indicate amount to nearest 500 lbs.</li> </ul>	for a
	I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination	
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
	K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box 8 = Other (specify at right), (Choose up to 4)	
	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous wast landfill, 3=Own land, 4=Shipped out of state, 5=incinerated, 6=Recycled, 7=Other (specify a right), (Choose up to 4)	

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Α.	FACILITY NUMBER	-[0]3 0 0 1 9
В.	CRITICAL MATERIAL NAME: Zinc	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	C A S S 0 2 7
D.	a. Amount of Item B Used or Manufactured per year. (See Table A1 for code.)  b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = 10 lbs  2 = 1 - 10 lbs  3 = 11 - 100 lbs  5 = 501 - 1 000 lbs  6 = over 1 000 lbs	a. [O]
E.	Mark an X if you want to request consideration for the information in item D to remain confidential Confidentiality only to be granted if the reported information will divulge proprietary processes.	al.
F.	a. Total amount of Item B that was or may have been <b>Discharged</b> in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b.	a. <b>[5</b> ]
	b. If over 1,000 lbs. yr, indicate amount to nearest 500 lbs.	
G.	a. Outfall numbers on Form II which discnarge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOJ b 3 c  a. OOJ b 3 c  a. OOJ b 2 c  a. OOJ b 2 c  a. OOJ c	
	H. a Amount of Item B that was or may have been contained in residuals per year. (See Table A1 ccde.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  b.	for a 131
	I. Source of residual in Item H. P=Production Process Residual. W=Wastewater Treatment Residual, or C=Combination	W _
	J. Physical state of residual in Item H. *=Liquid. 2=Sludge, 3=Wet solid. 4=Dry solid.	121_
)_	K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above ground tank. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll off box 8 = Other (specify at right). (Choose up to 4)	
	L. Disposal method of Item Hiresidual. Type of disposal site 1=Sanitary landfill. 2=Hazardous waste landfill. 3=Own land. 4=Shipped out of state. 5=Incinerated. 6=Recycled. 7=Other (specify a right). (Choose up to 4)  Subsoiled on Driver.	t ,

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A.	FACILITY NUMBER - 0 3 0 0 1 9
8.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18)  PCB
c.	CRITICAL MATERIAL  PARAMETER NUMBER  (Pages 16. 17 and 18)
D.	a. Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.)  b. If over 1.000 lbs.:yr indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less tnan 1 lb 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 5 = 501 - 1 000 lbs. 5 = over 1 000 lbs.
Ε.	Mark an X if you want to request consideration for the information in item D to remain confidential.  Confidentiality only to be granted if the reported information will divulge proprietary processes.
F.	a. Total amount of Item B that was or may have been Discharged in wastewater per year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.
G.	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a
	H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  b.         7 0 0 0
	Source of residual in Item H. P=Production Process Residual.  W=Wastewater Treatment Residual, or C=Combination
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.
	K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above ground tank.  4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/roll off box.  8 = Other (specify at right). (Choose up to 4)
	L. Disposai method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right), (Choose up to 4)

NATURAL RESOURCES COMMISSION
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#### JAMES J BLANCHARD Governor

#### DEPARTMENT OF NATURAL RESOURCES

STEVENS T MASON BUILDING PO BOX 30028 LANSING MI 48909

DAVID F HALES Director

July 17, 1991

Gary E. Roys Menasha Corp., Paperboard Div. 320 Farmer Street Otsego, MI 49078

Facility # 030019

Dear Mr. Roys:

An audit of your Act 293 Critical Materials and Wastewater Report Forms submittal for 1990 is being conducted. As a part of that effort, questions concerning the following portion(s) of your report have been generated:

#### Form II:

Is there an Outfall 003?

#### Form III:

- D. For most Critical Materials, the amount given is "0". The amount "used or manufactured" is the amount present on-site at the facility cumulatively over the period 1990, either alone or in raw materials used. As such, it cannot be less than the combined amounts discharged in wastewater and disposed of as residuals. Please revise this amount accordingly for all of these Critical Materials.
- F. Chlorine is used; is it not also discharged?
- H. Chlorine: required information not provided.
- I. Chlorine: required information not provided.
- J. Chlorine: required information not provided.
- K. Chlorine: required information not provided.
- L. Chlorine: required information not provided.

Gary E. Roys Page 2 July 17, 1991

Act 293 of the Public Acts of 1972 requires that every person doing business within the State of Michigan and discharging other-than-sanitary wastewaters to surface waters, ground waters, or sanitary sewer systems of the state must file an annual wastewater report with the Michigan Department of Natural Resources. In order to avoid a violation, information provided within that report must be accurate and complete.

Please respond to the above inquiry either in writing or by telephoning me at the number below. Where new forms or substantial revisions of previously submitted forms are required, please submit revised forms. Where less extensive information is required, written responses may take the form of a letter; or, a phone call may be used. To avoid further action by this office, a response is required by August 7, 1991.

If you have any questions regarding the above inquiry or the proper completion of forms, or require an extension of the above deadline, please feel free to telephone me at the number below. I will be happy to assist you in any way possible.

Sincerely,

Christopher Hull Aquatic Biologist

Great Lakes and Environmental Assessment Section

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Surface Water Quality Division 517-335-4199

cc: Mr. Bob Babcock, Region III, SWQD

Mr. Fred Morley, SWQD, Plainwell Dist. Office

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### PAPERBOARD DIVISION

AVA MENASHA CORPORATIO

August 9, 1991

Christopher Hull
Michigan Dept. of Natural Resources
Surface Water Quality Division
P.O. Box 30028
Lansing, MI 48909

#### Dear Christopher:

I have reviewed our 1990 Critical Materials and Wastewater Report after receiving your letter of July 17, 1991. Our Environmental Staff has recently taken over several reports from our Laboratory personnel. As a part of this effort we are now using a computerized database to assist in compiling these reports. Our review has shown that most of the information submitted on previous reports need not have been reported. The majority of these materials are trace contaminants not purposefully added and the concentrations are considerably less than 1% by weight. A revised copy of the report has been completed and is included with this letter.

Your letter also asked some specific questions about the 1990 information we had submitted. These are addressed below.

1. Is there an outfall 003?

The answer is, yes, however 003 is a combination of discharges 000 and a portion of our turbine cooling water, referred to as 003-5. The discharges are covered under reports for 000 and 005 rather than as a combined discharge.

2. You stated that the amount "used or manufactured" cannot be less than the amount discharged from our processes.

As explained in the first part of my letter, most of the information submitted in the 1990 report was not applicable under the "used or manufactured" definition. The revised report rectifies this problem.

3. Chlorine is used; is it also discharged?

The answer is a qualified no. Sodium Hypochlorite is added to our fresh water well system for control of iron reducing bacteria. Daily testing of our process discharges has consistently shown chlorine levels to be less than 0.036 PPM. This is indicated as a zero discharge on our report for Sodium Hypochlorite.

Outfall 001 contains chlorine, however this outfall has only non-contact City water discharged through it. The chlorine is present in the intake water and none is added, therefore this is not a reportable discharge.

The revised report should provide you with accurate and complete information on our wastewater discharges. If you have further questions on this matter, please contact me at (616) 692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling

Environmental Supervisor

cc: John Bonham

Len Myers

Pete DeRossi

Fred Morley, SWQD - Plainwell Office

KBK:amc

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# FORM I GENERAL INFORMATION

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Ē.	State Groundwater Discharge Permit	Number (if applicable)		<u>M</u> :	0:03	<u>3.3.</u>
F.	EPA Identification Number (if availab	le)	M:I.D	01016	011.2.4	<u>ة:5</u> :
G.	Standard Industrial Classification Co (See page 6)	de			2:6	1010:
┪.	County of Plant Location (See page	4)				0131
	DNR USE ONLY	Sanitary Sewer Code				
•		River Basin Code				

B -	No. Go to question N, sign the report and see page 40 for mailing instructions.
٧	s ALL of your discharged wastewater sanitary wastewater? (Note: Sanitary wastewater includes wastewater from toilets washrooms, drinking fountains, kitchens, and other sanitary facilities which may produce <u>HUMAN WASTE</u> . Sanitary waste doe NOT include cooling water, condenser water, process wastewater, commercial laundry or car wash water.
Д	X. Tyes. Continue with question K.
Е	No. Skip question K. Continue with question E. You must also complete and attach Form II. One Form II must be completed for each wastewater outfall including the sanitary wastewater outfalls.
11	ALL of your wastewater is sanitary wastewater does it go to a septic tank or a municipal sanitary sewer?
	Yes. Septic tank. (Note: Lagoons are not included in either of these categories)
-	Yes. Sanitary sewer.  Yes. Sanitary sewer.  If-you marked either of the above go to question N, sign the report, and see page 40 for mailing instructions
	No. Continue with question L. You must also complete₂and attach Form II.
_	No year year manufacture, as decharge any of the Critical Materials listing as pages 15, 17 or 182
_ D	esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes: Continue with question N. You must also complete and attach Form III for each Critical Material.
_ D	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  loes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?
D re	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  loes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes. Continue with question N. You must also complete and attach Form III for each Critical Material.
	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  loes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.
- D re	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  No. Continue with question M  No. Continue with question process or wastewater treatment facility (other than septic tanks) result in a residual esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes. Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.  Complete the following before mailing form(s)  Number of Employees
- D re	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  loes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.  Complete the following before mailing form(s)  Number of Employees  Area  Number of Employees
- Dre - C - P - Z	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  Poes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.  Complete the following before mailing form(s)  Number of Employees  Area  Number of Employees
- Dre - C - P - Z	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  Poes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.  Complete the following before mailing form(s)  Number of Employees  Area  Number of Employees  Area  Report (please print)  Report (please print)
Dre C P IZ IS	Yes. Continue with question M. You must also complete and attach Form III for each Critical Material.  No. Continue with question M  Poes the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, esidue or sludge type waste material that contains any Critical Materials listed on pages 16, 17 or 18?  Yes Continue with question N. You must also complete and attach Form III for each Critical Material.  No. Continue with question N.  Complete the following before mailing form(s)  Number of Employees  Area  Number of Employees  Area  Report (please print)  Report (please print)

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MAIL COMPLETED FORM TO Michigan Department of Natural Resources Act 293 Reports Box 30028 Lansing Michigan 48909 Phone (517) 373-2190

# FORM II WASTEWATER OUTFALL REPORT

1990

Required by Act 293 P 4 1972

	A separate Form It is required for each outfall. Photocopy this form or request additional forms if needed.			
A.	FACILITY NUMBER		[0 3 0 0 1  <sup>0</sup>	П
8.	Outfall Number As You Refer To II		Olol	
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream drain, storm's give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sunitary Sewer (give name of multipal Sunitary Sewer (give name of multipal Sunitary Sewer (give name)	<u></u>	omazoo River	ل ا
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured Estimated	[3 9 5] [3 6 5 [1] [1] [4 4] [2 3 3]	2
Ε.	TYPE OF WASTEWATER (Each Outfall must total % Process Noncontact Cooling Sanitary Wastewater	al 100%. See instructions on Pa	(Do not enter LIOC decimal or fraction)	] °.

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# FORM II WASTEWATER OUTFALL REPORT

1990

nequired by Act 293 P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed				
A.	FACILITY NUMBER		101010101		
8.	Outfall Number As You Refer To It		0012		
c.	DISCHARGE TYPE.  1 Surface Waters (river stream drain storm give name of receiving it after at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4 Septic Tank — Tile Field  5. Deep Well Disposal  6 Surface of Ground  7 Other idescribe at right)  8. Municipal Sanitary Sewer Igive name of m	1/4/	amazoo River		
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured X	11   1   18   4   0   0   0   0   0   0   0   0   0		
Ε.	TYPE OF WASTEWATER (Each Outfall must tot % Process % Noncontact Cooling % Sanitary Wastewater	ial 100%. See instructions on Pa	(Do not enter 1919) decimal or traction:		

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## MEN03430

1990

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MAIL COMPLETED FORM TO Michigan Department of Natural Resources Act 293 Reports Box 30028 Lansing, Michigan 48909 Phone (517) 373-2190

# FORM II WASTEWATER OUTFALL REPORT

Required by Act 293, P 4 1972

	A separate Form II is required for each outfall. Pho	otocopy this form or reque	est additional forms if need	ied.
A.	FACILITY NUMBER			101011191
В.	Outfall Number As You Refer To It			0000
c.	DISCHARGE TYPE:  1. Surface Waters (river, stream drain, storm sewe give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipal Sa		amazoo Bwet	— Ш —
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	- ≽ Measured ∑ - Estimated ☐	· · · · · · · · · · · · · · · · · · ·	(8131101 (31612) (6118101
Ε.	TYPE OF WASTEWATER (Each Outfall must total 10 % Process % Noncontact Cooling % Sanitary Wastewater	00%. See instructions on Pa	age 9) (Do not enter decimal or fraction)	[]D[O] •

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MAIL COMPLETED FORM TO Michigan Department of Natural Resources Act 293 Reports Box 30028 Lansing Michigan 48909 Phone (217) 273-2190

## FORM II WASTEWATER OUTFALL REPORT

1990

Phor	e (517) 373-2190	Pedulied by Act 293. P.A. 1972		
	A separate Form II is required for each outfall	I. Photocopy this form or requ	est additional forms if	needed.
Α.	FACILITY NUMBER			0 3 0 0 1 9
В.	Outfall Number As You nefer To It			0014
<b>c.</b>	DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storms give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary bawer (give name of multipal Sanitary baw		lamazco Rive	· Ш
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured Estimated		81 • 14181810 131612 1 • 10121016
Ε.	TYPE OF WASTEWATER (Each Outfall must total % Process % Noncontact Cooling % Sanitary Wastewater	at 100%. See instructions on Pa	age 9) (Do not enter decimal or fraction)	1919 0

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#### FORM II WASTEWATER OUTFALL REPORT

1990

nequired by Act 293 P.A. 1972

	A separate Form II is required for each outfall. Photocopy this form or request additional forms if needed.				
Α.	FACILITY NUMBER			13101011191	
В.	Outfall Number As You Hefer To It			0005	
c.	DISCHARGE TYPE:  1. Surface Waters (river stream, drain storin sewer if give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Sanitary Scher (give name of municipal)	<u>. Nal</u>	amazon River		
D.	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured Estimated	, [1]5	1.41019111 1311171 1.61816101	
E.	TYPE OF WASTEWATER (Each Outfall must total 100% % Process % Noncontact Cooling % Sanitary Wastewater	6. See instructions on P	age 9) (Do not enter decimal or fraction)	10000	

PR 4888-

MAIL COMPLETED FORM TO: Michigan Department of Natural Resources Act 293 Reports Box 30028 Lansing, Michigan 48909 Phone (517) 373-2190

### FORM III CRITICAL MATERIALS REPORT

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Required by Act 293, P.A. 1972

	If additional Form IIIs are needed (more than one Critical Material to report)  please photocopy Form III or request additional forms.	1330
Α.	FACILITY NUMBER	0300119
В.	CRITICAL MATERIAL NAME: (Pages 16, 17 and 18) Sortium Hypochlorite	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16, 17 and 18)	1855014
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See  Table A1 for code.)  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs.  1 = less than 1 lb.  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.	a. 6 1/1/191010101
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality only to be granted if the reported information will divulge proprietary processes.	
F.	<ul> <li>a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. 🔾
G.	a. Outfall numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
-	H. a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.	or <u>a. O</u>
	I. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	
	J. Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	
-	<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
-	L. Disposal method of Item H residual. Type of disposal site 1=Sanitary landfill, 2=Hazardous waste landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)	

MAIL COMPLETED FORM TO Michigan Department of Natural Resources Act 293 Reports Box 30028 Lansing, Michigan 48909 Phone (517) 373-2190

#### FORM III **CRITICAL MATERIALS REPORT**

DNR USE ONLY - ACTION							
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PR 4888-6

Page (

Required by Act 293. P A 1972

		If additional Form IIIs are needed (more that please photocopy Form III or requ		1990
Α.	FA	CILITY NUMBER		0 3 00 1 9
в.	CF	RITICAL MATERIAL NAME: PCB		
c.	PA	RITICAL MATERIAL RAMETER NUMBER ages 16, 17 and 18)	CIL	AISIS101719
D.		Amount of Item B <b>Used</b> or <b>Manufactured</b> per year. (See Table A1 for code.) If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	SLE A1 0 = 0 lbs.  1 = less than 1 lb  2 = 1 - 10 lbs.  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 501 - 1,000 lbs.  6 = over 1,000 lbs.	a. <u>[6</u> 
E.	Ma Co	ark an X if you want to request consideration for the information with a property only to be granted if the reported information with the reported informati	tion in Item D to remain confidential. ill divulge proprietary processes.	
F.	а.	Total amount of Item B that was or may have been <b>Discharg</b> (See Table A1 for code.) If the amount of Item B discharged is a continue with Item H.	• •	a. 🖸
	b.	If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	J	
G.	b.	Outfall numbers on Form II which discharge this critical material.  Amount of Item B discharged out each outfall. (See Table A1 for code number.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a b c a b c a b c a b c a b c a b c	
-	н.	<ul> <li>a. Amount of item B that was or may have been contained a code.) If the amount of item B in residuals is zero, skip I</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	n residuals per year. (See Table A1 for thru L, this form is complete. b.	a. 16 0000 [
	l.	Source of residual in Item H. P=Production Process Residual W=Wastewater Treatment Residual, or C=Combination	dual,	UР
	J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge,	3=Wet solid, 4=Dry solid.	
	K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding po 8 = Other (specify at right). (Choose up to 4)		
	L.	Disposal method of Item H residual. Type of disposal site 1=S landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated right). (Choose up to 4)		UU <u>#</u> 5

### PAPERBOARD DIVISION

March 9, 1992

INV ..E. TEHT COMBONIATIO.

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909-7258

#### Gentlemen:

Enclosed is a copy of our 1991 Critical Materials and Wastewater Report. This report covers outfalls 000, 001, 002, 003, and 004. In August, 1991 a design change was made affecting our discharges. Outfalls 000, 002, and 004 were combined and piped into our 003 discharge. After that date we had only two discharges, 001 and 003.

In addition, our 1990 report indicated an 005 discharge. This was a portion of our turbine cooling water. In November, 1990 the electric generating turbine was shut down and the outfall was taken out of service.

Please note that on Form III the amount present on-site was adjusted to be equal to the amount discharged in instances where the known amount added was less than the amount discharged. In those instances, the critical materials discharged was present as a trace contaminant in another host substance.

If you have any questions, please contact the writer at (616)692-6141.

Sincerely,

Otsego Paperboard Division

"Keith B. Kling

Environmental Supervisor

cc:

Paul Jachim Len Myers Gary Roys Pete DeRossi

Enclosures

KBK:amc

MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30028

### FORM I GENERAL INFORMATION

DNR USE ONLY — ACTION

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Required by Act 293 PA 1972

	K 30028 G MI 48909-7258 517) 373 4621	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1991
	SEE INSTRUCTIONS p 6 BUSINESS For other local		form or request add		CH YOUR COMPANY DOES nce in completing these forms
Α.	FACILITY NUMBER (see m	ailing label and instructions	s. p 6 <del>)</del>		030019
B.	No Skip questions D th	perate a business (commerce ru P sign the report and see LOW BRIEFLY DESCRIBE LIP & Paper Mill, pr af non-Sulfur S	e page 40 for mailing	nstructions	
<u></u>	Plant Location: If the plant plant locat		location of the facil	ity to wnich this form is ma	uled indicate the address of the
	Street Addres	s <u>'</u>	<u> </u>	1 1 1	
	City	·	1 1 1 1	1 1	
	_ 030019	030057	0830030	<del></del>	
	menasha paperboa dress 320 Farm OTSEGO	RD DIV	inc If y	orrect line(s) only below	to the person listed below
Nam	e or Company				1 1 1
Plant	Location/Attn				
Stree	et Address or PO Box		1		
City	•			State	-
				Zıp	
D.	NPDES Surface Water Dis	scharge Permit Number (if a	pplicable)	[M]	101010131812141
E.	State Groundwater Discha	irge Permit Number (if appli	cable)	M	EIEIOIO
F.	EPA Identification Number	(if available)		MILIDI	10:6:0:1:2:4:0:5
G.	Standard Industrial Classi (see page 5)	ication Code			121610101
н.	County of Plant Location (	see page 4)			0131
	Sanitary Sewer Code top	-middle six-aigit number froi	m mailing label (see	instructions p 6)	013101015171
J.	River Basin Code, top-right	nt seven-aigit number from r	nailing label (see ins	structions p 6)	01913101013101
<u>K.</u>	Check this box if you have	had a change in discharge	type during this rep	orting year (see instruction	ns p 6)
			·		

L.	Did the operation of your business result in the discharge of ANY wastewater (including cooling water and sanitary wastewater from toilets, wasnrooms, etc.)?  A.   Yes Continue with question M
	B.  No Go to question Q, sign the report and see page 40 for mailing instructions
M.	Is ALL of your discharged wastewater sanitary wastewater? (Note: Sanitary wastewater includes wastewater from toilets, washrooms drinking fountains, kitchens, and other sanitary facilities which may produce <u>HUMAN WASTE</u> . Sanitary waste does NOT include cooling water, condenser water, process wastewater, commercial laundry or car wash water.)
	A.  Yes. Continue with question N
	B. No Skip question N. Continue with question O. You must also complete and attach Form II. One Form II must be completed for each wastewater outfall including the sanitary wastewater outfalls.
N.	If ALL of your wastewater is sanitary wastewater does it go to a septic tank or a municipal sanitary sewer?  ☐ Yes. Septic tank. ☐ Yes Sanitary sewer ☐ If you marked either of the above go to question Q, sign the report, and see page 40 for mailing instructions. ☐ No Continue with question ○ You must also complete and attach Form II
0.	Do you use, manufacture, or discharge any of the Critical Materials listed on pages 21-29?  ☑ Yes: Continue with question P You must also complete and attach Form III for each Critical Material  ☐ No. Continue with question P
P.	Does the operation of your production process or wastewater treatment facility (other than septic tanks) result in a residual, residue or sludge-type waste material that contains any Critical Materials listed on pages 21-29?  Yes. Continue with question O You must also complete and attach Form III for each Critical Material.  No. Continue with question O
Q.	Complete the following before mailing form(s)
	Phone Number  16:16:69:2.6:14:1  Area  Number of Employees 2,4:0:
*.3*	Name and Title of Person Completing Report is ease grint)
	GARY E. Roys Signature of Person Completing Report  Alay Example  Date  2/24/92
	Name and Title di Person Certifying Report diease printi
	KRITHIBITI BIN ENUL SUPERIULSON
	Signature of Person Certifying Report  Date
	KILL B. Killing Environmental Duperinion 3/9/92
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MAIL COMPLETED FORM TO 4CT 293 REPORTS

#### FORM II WASTEWATER OUTFALL REPORT

1991

SURFACE WATER QUALITY DISION VICHIGAN DEPARTMENT OF NATURAL RESOLUCES PIO BOX 30028 CANSING MI 48909-7258 Phone (517) 373-4621

Required by Act 293, PA 1972

	SEE INSTRUCTIONS, p. 13-14. A separate Form II is requ	ured for each outf	all. Photoco	ppy this form if addi	tional forms	are needed.
A.	FACILITY NUMBER				030	019
В.	Outfall Number as you refer to it, or as indicated in NPD	ES or other permi	ts.			002
c.	DISCHARGE TYPE:  1. Surface waters (river, stream, drain, storm sewer, lake give name of receiving water at right)  2. Lagoon or seepage pond with no outlets  3. Spray irrigation  4. Septic tank — the field  5. Deep well disposal  6. Surface of ground  7. Other (describe at right)  8. Municipal sanitary sewer (give name of municipality)		KALAM	1200 TC	VER	
D.	VOLUME OF DISCHARGE Average daily flow (million gallons per day) Number of days discharged per year Total annual flow (million gallons per year)	Measure Estimate			, "	61417101 (211101 81412:01
Ε.	TYPE OF WASTEWATER - Each Currail must total 100° % Process % Noncontact cooling % Sanitary wastewater	% See instruction	ns on Page	9) (Do not enter decimal or fraction)		9.9.

This weir was consolidated with two (2) other outfalls on August 7, 1991 to form one outfall. Which will be designated outfall 003. Comments.

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WAIL COMPLETED FORM TO

OT 293 REPORTS
SURFACE WATER QUALITY DIVISION
ICHIGAN DEPARTMENT OF NATURAL RESOURCES

WASTEWATER OUTFALL REPORT
REQUIRED BY Act 293 PA 1972

1991

\*\*CHIGAN DEPARTMENT OF NATURAL RESQUECES Required by Act 293 PA 1972 PD DOX 30028
- O BOX 30028
- Phone (517) 373-4621

A.	FACILITY NUMBER	019
3.	Outfall Number as you refer to it, or as indicated in NPDES or other permits	10103
c.	DISCHARGE TYPE  1. Surface waters (river stream drain storm sewer, take swamp, etc. give name of receiving water at right)  2. Lagoon or seepage pond with no outlets  3. Spray irrigation  4. Septic tank—tile field  5. Deep well disposal  6. Surface of ground  7. Other (describe at right)  8. Municipal sanitary sewer (give name of municipality at right)	_ 
D.	VOLUME OF DISCHARGE  Average daily flow  (inillion gallons per day)  Number of days discharged per year  Total annual flow  (million gallons per year)  2 4 2 . 1	1/15/3
Ε.	TYPE OF WASTEWATE = Each Cuttal must total 100% See instructions on Page 9)  % Process % Noncontact cooling % Sanitary wastewater  This outfall was started Aug 7, 1991 The dischart frough this outfail was brought about by the conservation of outfalls coo, co2, and cc4.	6.0. o

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WAIL COMPLETED FORM TO ACT 293 REPORTS EURFACE WATER QUALITY CONSION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30028

# FORM II WASTEWATER OUTFALL REPORT

1991

WICHIGAN DEPARTMENT OF NATURAL RESOURCES Required by Act 293, P.A. 1972
P.O. BOX 30028
Phone (517) 373-4621

A.	SEE INSTRUCTIONS, p. 13-14. A separate Form II is required for each outfined for eac	all. Photocopy this form if additional forms are needed.
8.	Outfall Number as you refer to it, or as indicated in NPDES or other permit	ts
C.	DISCHARGE TYPE:  1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.; give name of receiving water at right)  2. Lagoon or seepage pond with no outlets  3. Spray irrigation  4. Septic tank — tile field  5. Deep well disposal  6. Surface of ground  7. Other (describe at right)  8. Municipal sanitary sewer (give name of municipality at right)	KALAMAZOO, TRIVER
D.	VOLUME OF DISCHARGE  Average daily flow  (million gallons per day)  Number of days discharged per year  Total annual flow  (million gallons per year)	:2112
· E.	TYPE OF WASTEWATER (Each Outlail must total 100%). See instruction % Process % Noncontact cooling % Sanitary wastewater	(Do not enter decimal or fraction)

comments: This outfail was consolidated with two (2) other outfalls on Aug. 7, 1991 to form a single outfall. The new outfall will be designated 003.

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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P.O. BOX 30020

# FORM III CRITICAL MATERIALS REPORT

Α.	FACILITY NUMBER		<del></del>	<b>&gt;</b> (	0.3.0	0/19
В.	CRITICAL MATERIAL NAME: Asbestos					-
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			0 1	3:3:2:	2:14
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code b. If over 1,000 lbs. vr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 ibs  - = iess than : 0 2 = 110 ibs 3 = 11100 ibs 4 = 101.500 ibs 5 = 501.1 000 ibs 6 = over 1.000 ibs	D			a. <u>O</u>
E.	Mark an X if you want to request consideration for the information of the confidentiality to be granted only if the reported information will be confidentiality.	ion in Item D to remain confider Il divulge proprietary processed	ntiäl.	_		
F.	a. Total amount of Item B that was or may have been discharg (See Table A1 for code ) If the amount of Item B discharged continue with Item H.					a. <u>0</u>
	b. If over 1,000 lbsvr Indicate amount to nearest 500 lbs.		ρ _			
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Materia;</li> <li>b. Amount of Item B discharged from each outfal. (See Table A1 for odde number);</li> <li>c. If over 1,000 lbs. vr. indicate amount to hearest 500 lbs.</li> </ul>	a a a a a	0	3 3 3 5 6		
н.	<ul> <li>a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./vr indicate amount to nearest 500 lbs.</li> </ul>		bie A1 for		25	a. <u>6</u>
Ι.	Source of residual in item H P = Production Process Resid W = Wastewater Treatment Residual, or C = Combination	iual.	······································		<del></del>	:
J.	Physical state of residual in Item H 1 = Liquid, 2 = Sludge.	. 3 = Wet solid. 4 = Drv solid.				3.5
K.	Storage of Item Hiresidual before removal = Metal drums 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holdil 8 = Other (specify at right), (Choose up to 4)	s. 2 = Fiber drums. 3 = Above ng pond/lagoon. 7 = Dumpstel Double Sea	roll off bo	K., ,	8 lastic	bag
L.	Disposal method of Item Hiresidual. Type of disposal site: 1 landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incineral right), (Choose up to 4)	= Sanitary landfill, 2 = mazardated, 6 = Recycled, 7 = Other	ous waste ispecify a	!	2_	

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AIL COMPLETED FORM TO
-07 293 REPORTS
URFACE WATER DULLITY DIVISION
\*\*ICHIGAN DEPARTMENT OF NATURAL RESOURCES
-0 80X 30028
-NSING MI 48909 7259
Frome 1917) 373 4621

FROME 1917) 373 4621

۸.	FACILITY NUMBER			<del></del>	<b>-</b>	33	001
3.	CRITICAL MATERIAL NAME (Pages 21-29) METHYLENE CH	LORIDE					
<b>3</b> .	CRITICAL MATERIAL PARAMETER NUMBER ————————————————————————————————————	e			000	ò ₹ ˆ	509
صر. حد.	2 Amount of Item B present on-site during lear isee definitions pages 30-31) See Table A1 for code 3 If over 1 000 lbs /yr indicate amount to nearest 500 lbs	_ 10 0 - 1 1 - = 01 - = 501	s inan	o _			a
E	Mark an X if you want to requiest consideration for the information will Confidentiality to be granted only if the reported information will			ıd			
F	a Total amount of Item B that was or may have been discharged? See Table A1 for code 1 if the amount of Item B discharged a continue with Item H.  b If over 1 000 lbs /vr indicate amount to hearest 500 bs.			o .			ā
G.	2. Outfall numbers on Form II which discharge this Critical Material 3. Amount of Item Bidischarged from each outfal See Table A1 for code number 3. If over 1,000 lbs /vr indicate amount to hearest 500 lbs.	3 1 18 18 18 18 18 18 18 18 18 18 18 18 1			: · · · :		
Н	Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs /vr indicate amount to hearest 500 lbs.			ie A1 for			
i	Source of residual in Item H = Production Process Residual V = Wastewater Treatment Residual or C = Combination	uai					_
J.	⊇hvsical state of residual in Item ⊢ − ∟ duid 2 = S udge	3 = Wet soic - :	= Dry solia				_
K	Storage of Item Hiresidual before removal = Metal drums 4 = Underground tank 5 = Stockbilled on ground 6 = Holding 3 = Other (specify at right) (Choose up to 4)	2 = Fiber crums	3 = Above- = Dumpster	ground ta	ink Ex		
L.	Disposal method of Item Hiresigual Type or disposal site anothl 3 = Own land 4 = Shipped out or state 5 = notineral right) (Choose up to 4)	= Sanitary lancili ited 6 = Recycled	2 - Hazarda 3 7 = Other I	ous waste	e '		

DNR USE ON	ILY - ACTION	ı	
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٠.	FACILITY NUMBER	<del></del>		-	0	3	0	٠ .	1
١.	CRITICAL MATERIAL NAME (Pages 21-29) XULENE	<del>, , , , , , , , , , , , , , , , , , , </del>							
	CRITICAL MATERIAL PARAMETER NUMBER		- 0		3	3	0	2 (	0 7
).	a Amount of fem Bipresent on-site curnouser (see definitions pages 30-31). See Table A1 for code test than 1 or described by the over 1,000 to sold in a notice amount to nearest 500 lbs.  TABLEA1 C = 3 cs	۵.						a	i =
Ξ.	Mark an X if you want to request consideration for the information in item 0 to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processes	3							_
=	a Total amount of Item B that was or minimave been discharged in wastewater during year (See Table A1 for code ) if the amount of fem B discharged is zero iskip G and continue with Item H b If over 1 000 bs in indicate amount to nearest 500 lbs	2							a _
G	3 Outfall numbers on Form II which displace this Critical Materia  3 Amount of Item Bid scharged from each nuita (See Table #1 for code number)  3 If over 1 000 ps is indicate amount to hearest a 500 lbs  a a a a a a a a a a a a a a a a a a a	: : : :		-					
н	a Amount of frem B that was or may have been contained in residuals during year. (See Tablecode.) If the amount of Item B in residuals is zero, skip I thru L. this form is complete.  b. If over 1 000 lbs vr. indicate amount to nearest 500 lbs.	ne 41 'c							a .
ı	Source of residual in Item H = Production Process Residual  W = Wastewater Treatment Residual or C = Combination							_	
J	Physical state of residual in Item H = quid 2 = Sludge 3 = Wet soild 4 = Dry soild								
<u></u>	Storage of item Hiresiqual before removal in Hire Metal drums 2 = Fiber grums 3 = Above-4 = Underground tank 5 = Stockbilled on ground 6 = Holding pond/lagoon 7 = Dumbster/8 = Other (specify at right) (Choose up to 4)	ground t	iox				-		
Ļ.	B = Other (specify at right) (Choose up to 4)  Disposal method of item Hiresidual Type of disposal site in a Sanitary landfill 2 = Hazardous waste landfill 3 = Clyniand 4 = Shipped out of state 5 = incinerated 6 = Recycled 7 = Other (specify at right) (Choose up to 4)							-	

DNR USE ONLY - ACTION

07 09 JAFA CHK 0 80 - NSII	DE WATER GUALITY D. S.O., IAN DEPARTMENT OF NATURAL RESOURCES CRITICAL MATE X 30028	RM III ERIALS REPORT of 293 PA 1972			19	991		
SEE	INSTRUCTIONS c 30-32 If additional Form IIIs are needed i	more than one Critical Materia	1 to report)	ciease	photo	CODY	y. 	
١.	FACILITY NUMBER				0	3 (	00	1
3.	CRITICAL MATERIAL NAME  (Pages 21-29) TETRA Chloro-eth	ylene						
3.	CRITICAL MATERIAL PARAMETER NUMBER			00	o /	2 :	7 1	8 4
<u></u> -	Amount of Item 8 present on-site during year (see definitions pages 30-31. See Table A1 for code     If over 1 000 lbs. in indicate amount to nearest 500 lbs.	TABLEA1 3	5				ج.	a
٤.	'Mark an X if you want to request consideration for the information value that to be granted only if the reported information value.			<del></del>				
F	a Total amount of Item B that was or may have been discharged (See Table A1 for code in the amount of Item B discharged continue with Item H but flower 1,000 lbs. In increase amount to hearest 500 lbs.	r <b>ged</b> in wastewater during yea o is zero, skip G and	r	·······				a _
<u> </u>	a Outfall numbers on Formal on a scharge this							
	Oritical Material  Di Amount of Item Bidischarged from Pach putrall  See Table A1 for code number	1	_ : _	_ :				
	of If over 1 000 lbs ive indicate amount to hearest 500 lbs.		_ 0 _	-				
—	a Amount of Item B that was or may have been <b>contained</b> it code. If the amount of Item B in residuals is zero, skip I this. If over 1 000 lbs /vr indicate amount to nearest 500 lbs		Table A1 fo	·				a. ,
		iqual.						
 l.	Source of residual in Item H = Production Process Res W = Wastewater Treatment Residual or C = Combination							
l. J.		e 3 = Wet sond 4 = Dry sond	<u> </u>	<del></del>				
_	W = Wastewater Treatment Residual or C = Combination	ns 2 = Fiper drums 3 = Abo	ve-arouna	tank				

DNR USE O	NLY - ACTIO	N	
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MAIL COMPLETED FORM TO LOT 333 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES FO BOX 30028 LANSING MI 48909-7259 Front (517) 373-4621

#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

١.	FACILITY NUMBER		<b>→</b> :0:	3	00	1	9
3.	CRITICAL MATERIAL NAME.   Toluene	-					
).	CRITICAL MATERIAL PARAMETER NUMBER	<u> </u>	01	0	8 8	8	3
).	Amount of Item 8 present on-site during year (see definitions, pages 30-31). See Table A1 for code.  If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 3 lbs  = less tnan 1 lb  = 1-10 lbs  = 1-10 lbs  = 101-500 lbs  = 501-1 000 lbs  6 = over 1.000 lbs	5			, , ,	a.	3
Ξ.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality to be granted only if the reported information will divulge proprietary process						
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year. See Table A1 for code i if the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.	ar 5				_	
		<u> </u>	-				_
G.	Outfall numbers on Form II which discharge this     Oritical Material.	_ 5 7					
	See Table A1 for code number :	_ ; ;					
	5. If over 1,000 lbs./yr., indicate amount to hearest a	_ : _ :					
	500 lbs. a	D C					
	a	_ 5 :	·				
н.	Amount of Item B that was or may have been <b>contained in residuals</b> during year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.      If over 1,000 lbs./yr., indicate amount to hearest 500 lbs.	Table A1 for				a	
1.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination						
J.	J. Physical state of residual in Item H						-
ĸ.	Storage of Item Hiresidual before removal = = Metal drums, 2 = Fiber drums, 3 = Abd = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumps = Other (specify at right), (Choose up to 4)	ove-ground tank ster/roll off box.		_			-
L.	Disposal method of Item Hiresidual. Type of disposal site: 1 = Sanitary landfill, 2 = Haz landfill, 3 = Own land, 4 = Shipped out of state, 5 = incinerated, 6 = Recycled, 7 = Other						

DNR USE ONLY	- ACTIO	N		
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MAIL COMPLETED FORM TO -CT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30028 LANSING MI 48909-7258 Prone (517) 373-4621

#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

١.	FACILITY NUMBER			<u>·0</u>	3100	1.9
3.	CRITICAL MATERIAL NAME (Pages 21-29)	one				
<b>;</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			301	z:3:3	19.
). -	a Amount of Item 8 present on-site during year (see definitions pages 30-31). See Table A1 for code of If over 1 000 lbs. virtungicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs = less than 1 lb = 1 10 lbs = 11-100 lbs = 101-500 lbs = 501 1 000 lbs = 0 over 1 000 lbs	o			a 4
<u> </u>	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will	on in Item D to remain confide divulge proprietary processe	entiai s	<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	
•	a Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H b. If over 1,000 lbs. vr. indicate amount to hearest 500 lbs.		۰ _			a <u>·Ó</u>
G.	a Outfall numbers on Form II which a scharge this Critical Material b Amount of Item Bidischarged from each outfal i See Table A1 for code number c If over 1 000 lbs ivalingicate amount to nearest 500 lbs.	a a a a a	d 0 0 0 0 d	:		
н.	a Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thrub If over 1,000 lbs /vr indicate amount to nearest 500 lbs.	esiduals during year (See Ta L this form is complete				a <u>O</u>
I	Source of residual in item H P = Production Process Residu W = Wastewater Treatment Residual or C = Combination	aı				
 J.	Physical state of residual in Item # 1 = Liquid 2 = Sludge 3	3 = Wet sond 4 = Dry solid				
<u></u> -	Storage of Item H residual before removal : = Metal drums 4 = Underground tank 5 = Stockblied on ground 6 = Holding 8 = Other (specify at right) (Choose up to 4)	2 = Fiber grums 3 = Above g pong/lagoon 7 = Dumpste	erroll off bo	nk X		
L.	Disposal method of item H residual Type of disposal site = = landfill 3 = Own land 4 = Snipped out of state 5 = Incinerat right) (Choose up to 4)	= Sanitary iandfill 2 = Hazari ed 6 = Recycled 7 = Other	dons maste			

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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30228 LANSING MI 48909-7258 Phone (517) 373-4621

# FORM III CRITICAL MATERIALS REPORT

1991

NSING MI 48909-7258 Required by Act 293, P.A. 1972

۹.	FACILITY NUMBER		<del></del>	-0131010119
3.	CRITICAL MATERIAL NAME.  (Pages 21-29)	1		
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		· C'	L AIS : 5 01/31
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code. b. If over 1.000 lbs./yr indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs = less than 1 lc = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	b	a. <u>(<b>2</b></u> )
E.	Mark an X if you want to request consideration for the information will Confidentiality to be granted only if the reported information will			!
F.	Total amount of Item B that was or may have been discharg (See Table A1 for code.) if the amount of Item B discharged continue with Item H.			a. [2
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	_	b	
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall (See Table A1 for code number)	a <u>00/</u> a <u>00</u> C	o. <u>2</u> o .	
	c. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.	a a	D C	
н.	a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	residuals curing year. (See Ta i L. this form is complete.		a. 2
ī.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	uai.	U	<u>.W.</u>
J.	Physical state of residual in Item H 1 = Liquiq. 2 = Sludge.	3 = Wet sond, 4 = Dry solid.		2
ĸ.	Storage of Item H residual before removal: : = Metal drums 4 = Underground tank, 5 = Stockbilled on ground, 6 = Holding 8 = Other (specify at right), (Choose up to 4)	. 2 = Fiber crums. 3 = Above ng pond/lagoon. 7 = Dumpster	rground tank.	4.6
L.	Disposal method of Item H residual. Type of disposal site: : !andfill. 3 = Own land. 4 = Shipped out of state. 5 = Incineral right). (Choose up to 4)	tea. 6 = Recyclea7 = Other	cous waste (specify at	3: 7:

DNR USE ONLY-	- ACTIO	N	
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-CT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P O BOX 30028
\_ANSING MI 48909-7258

# FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

Α.	FACILITY NUMBER				101310	0.1	9
В.	CRITICAL MATERIAL NAME. SODIUM HYPOCHLORIT	Ε		- <u>-</u>			
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			. <u>C</u> L	. AIS	2 ,0 . 1	.4
D.	b. If over 1,000 lbs vr indicate amount to nearest 500 lbs	0 ics ress than 1 ib 1 10 ibs 1 101 ibs 1 101 - 500 ibs 5 501 1 000 ibs 1 over 1 000 ibs	b _		9 7	a 200	0
E.	Mark an X if you want to request consideration for the information in Item D to Confidentiality to be granted only if the reported information will divulge around			-			_
F.	a. Total amount of item B that was or may have been discharged in wastewat (See Table A1 for code ) if the amount of item B discharged is zero skip G a continue with Item H  b. If over 1.000 lbs vr indicate amount to hearest 500 lbs	ter during year and	ზ _				
G.	a Outfall numbers on Form II which discharge this Critical Material  b Amount of Item 8 discharged from each outfair (See Table A1 for code number):  c If over 1,000 lbs ivr indicate amount to nearest 500 lbs	a	0	5 _ 5 _ 5 _			
Н.	a. Amount of Item B that was or may have been contained in residuals during code.) If the amount of Item B in residuals is zero, skip I thru L, this form is b. If over 1.000 lbs /vr indicate amount to nearest 500 lbs.		able A1 for			a	
1.	Source of residual in Item $H = P$ = Production Process Residual. W = Wastewater Treatment Residual or $C = Combination$	···					
J.	Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet solid	4 = Dry solid					
<u> </u>	Storage of Item H residual before remova. • = Metal drums, 2 = Fiber dru 4 = Underground tank 5 = Stockbilled on ground 6 = Holding pond/lagcon						

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# MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES CRITICAL MATERIALS REPORT

1991

SEE	INSTRUCTIONS, p. 30-32. If additional Form Ills are needed (more than one Critical Material to	report).	olease	photocopy.	
Α.	FACILITY NUMBER		>	0300	19
в.	CRITICAL MATERIAL NAME:  (Pages 21-29) CYANIDES				
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————		<u>c.</u>	L.A.5 5 0	11  8
D.	a. Amount of Item 8 present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	5			a. 4
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes				:
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1.000 lbs./vr. indicate amount to hearest 500 lbs	<b>b</b>			a. <u>4</u>
G.	a. Outfall numbers on Form II which discharge this Critical Material  b. Amount of Item B discharged from each outfall (See Table A1 for code number.)  c. If over 1,000 lbs./yr. Indicate amount to hearest 500 lbs.	5. <u>4</u> 5. <u>2</u> 6 6	3 3 C		
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tai code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to hearest 500 lbs.</li> </ul>				a. <u>2</u>
l.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual. or C = Combination				<u>Wi :_</u>
J.	Physical state of residual in Item H Liquid, 2 = Sludge, 3 = Wet soild, 4 = Dry soild.				<u>Z</u>
ĸ.	Storage of Item H residual before remova: = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpstel 8 = Other (specify at right), (Choose up to 4)			4.6	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazard landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incinerated. 6 = Recycled. 7 = Other right). (Choose up to 4)	(checity)	a t	3 7 teland	

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MAIL COMPLETED FORM TC
-CT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
- O BOX 30028
\_ANSING MI 48999-7258
-Pone (5) 71 173-4651

#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

۸.	FACILITY NUMBER	30019
3.	CRITICAL MATERIAL NAME  (Pages 21-29)  BERYLLIUM	
C.	CRITICAL MATERIAL PARAMETER NUMBER  C L'A S  (Pages 21-29)	SISIOII.Z
D.	a. Amount of Item 8 present on-site during year (see definitions, pages 30-31) See Table A1 for code  b. If over 1 000 lbs vr. indicate amount to nearest 500 lbs  1 = 101-500 lbs  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs  6 = over 1 000 lbs	a. 💆
E.	Mark an X if you want to request consideration for the information in item D to remain confidential Confidentiality to be granted only if the reported information will divulge propriatary processes	<u>.                                    </u>
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1 000 lbs /vr indicate amount to nearest 500 lbs.	a. 🗵
G.	a Outfall numbers on Form II which discharge this  Critical Material  Amount of Item 8 discharged from each outfall (See Table A1 for code number)  c If over 1 000 lbs vr indicate amount to nearest 500 lbs  a O O O D O O D O O O O O O O O O O O O	
н.	a Amount of Item B that was or may have been contained in residuals during year (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs yr indicate amount to nearest 500 lbs  b	a <u>C</u>
l,	Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H = 1 = Liquid 2 = Sludge, 3 = Wet soild 4 = Dry solid	
K.	Storage of Item H residual before removal := Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockbilled on ground 6 = Holding pond/lagoon 7 = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4)	
 L.	B = Other (specify at right) (Choose up to 4)  Disposal method of Item H residual Type of disposal site = Sanitary landfill 2 = Hazardous waste landfill. 3 = Own land 4 = Shipped out of state 5 = Incinerated 6 = Recycled = Other (specify at right). (Choose up to 4)	

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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATUE == FES DURCES P O BOX 30028 LANSING MI 48909-7258 Phone (517) 373 4621

# FORM III CRITICAL MATERIALS REPORT

1991

NSING MI 48909-7258 = equired by Act 293 PA 1972

۵.	FACILITY NUMBER		<del></del>	<u> </u>	3'010	19	
3.	CRITICAL MATERIAL NAME (Pages 21-29)  ARSENIC						
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			CLA	515'6	» II I	
D.	a Amount of Item B present on-site during year (see definitions pages 30-31). See Table A1 for code     b If over 1 000 lbs vr indicate amount to nearest 500 lbs.	TABLE A1 C - 1 lbs = ess than 1 ic = 1 10 lbs	۵ _			a <u>3</u>	
E.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will						
F.	a Total amount of Item 8 that was or may have been discharged (See Table A1 for code ) If the amount of Item B discharged continue with Item H b If over 1 000 lbs ndicate amount to nearest 500 lbs		٦ _			a <u>3</u>	
G.	a Outfall numbers on Form II which discharge in s Critical Material b Amount of Item Bid scharged from each cutta (See Table A1 for code number) c- If over 1 000 lbs iv indicate amount to heares 500 lbs	a 000 a 002 a 004 a	c <u>3</u>	\$ \$ \$			
н.	a Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I throb. If over 1,000 lbs. Ar indicate amount to hearest 500 lbs.					a	
1.	Source of residual in item H = Production Process Residual W = Wastewater Treatment Residual or C = Combination	dual		<del></del>		<u>w</u>	
J.	Physical state of residual in Item H 1 = Liquid 2 = Sludge	3 = Wet soila 4 = Dry soila		<del></del>		2	
ĸ.	Storage of Item Hi residual before removal := Metal drums 2 = Fiber crums 3 = Above-ground tank 4 = Underground tank 5 = Stockpiled on ground 5 = Holding pond/lagoon = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4)						
) L.	Disposal method of Item H residual Type of disposal site andfill 3 = Own land 4 = Shipped out of state 5 = Incineration (Choose up to 4		(specify a	it j	3 7 land		

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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION: MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING MI 48909-7258 Phone (517) 373-4621

# FORM III CRITICAL MATERIALS REPORT

1991

8909-7258 Required by Act 293 PA 1972

SEE	NSTRUCTIONS, p. 30-32. If additional Form IIIs are needed (mo	re than one Critical Material to	report), p	lease photoco	ру.
A.	FACILITY NUMBER			<b>→</b> 0!3	0.0119
В.	CRITICAL MATERIAL NAME. (Pages 21-29) di _ N - bu+y   p	hthalate			
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			00.018	4,7:4!2
D.	a. Amount of Item 8 present on-site during year (see definitions, pages 30-31). See Table A1 for code     b. If over 1 000 lbs./yr. indicate amount to nearest 500 lbs.	TABLE A1 0 - 3 lbs = less than 1 b	b		a. <u>3</u>
E.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported into mation will				
<u>.</u>	a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H b If over 1 000 lbs /yr indicate amount to nearest 500 lbs		Ь		a <b>3</b>
G.	a. Outfall numbers on Form II which a scharge this Critical Material  b. Amount of Item B discharged from each outfair (See Table A1 for code number)  c. If over 1,000 lbs /vr indicate amount to nearest 500 lbs.	a <u>0 0 2</u> a a a	: <u>3</u>	c	
н.	a Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thrub. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	esiduals during year (See Ta L. this form is complete	bie A1 for	-	a <u> </u>
l.	Source of residual in Item H P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	ai.			
J.	Physical state of residual in Item H = Liquid, 2 = Sludge,	3 = Wet solia 4 = Dry solia			
K.	Storage of Item H residual before removal : = Metal drums. 4 = Underground tank. 5 = Stockpiled on ground 6 = Holdina 8 = Other (specify at right) (Choose up to 4)	2 = Fiber grums 3 = Above g pond/lagoon = Dumpster	-ground ta r/roll off bo	nk x	
	Disposal method of Item H residual Type of disposal site: 1 = landfill, 3 = Own land 4 = Shipped out of state, 5 = Incinerat right), (Choose up to 4)				

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VAIL COMPLETED FORM TO LCT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES 2 D BOX 30028 LANSING MI 48909-7258

#### FORM III CRITICAL MATERIALS REPORT

1991

١.	FACILITY NUMBER			03	0019
3.	CRITICAL MATERIAL NAME. 615 (2-ethy/ha	exyl)phthalate			
<b>3</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			0.0.11	7181117
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code b. If over 1.000 lbs./yr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs  '= resstran 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs  6 = over 1 000 lbs	b. <u> </u>		a. 4
E.	Mark an X if you want to request consideration for the information will Confidentiality to be granted only if the reported information will				
F.	a. Total amount of Item B that was or may have been discharg (See Table A1 for code ) If the amount of Item B discharged continue with Item H				a. 4
	b. If over 1.000 lbs./vr indicate amount to nearest 500 lbs		J		
G.	a. Outfall numbers on Form II which discharge this Critical Material b. Amount of Item B discharged from each outfair (See Table A1 for code number) c. If over 1.000 lbs./vr. indicate amount to nearest 500 lbs.	a 002 a 004 a a a	42	c	
H.	a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.		•		a. <u>O</u>
1.	Source of residual in Item H. P = Production Process Resid W = Wastewater Treatment Residual, or C = Combination	uai.			!
J.	Physical state of residual in Item H 1 = Liduid, 2 = Sludge.	. 3 = Wet soild. 4 = Dry solid		······································	
K.	Storage of Item H residual before removal = Metal drums 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holdil 8 = Other (specify at right), (Choose up to 4)				
L.	Disposal method of Item H residual. Type of disposal site: 1 landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incineral right). (Choose up to 4)	= Sanitary landfill. 2 = Hazaro atea. 6 = Recyclea. 7 = Other	lous wast (specify a	e it	

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# FORM III CRITICAL MATERIALS REPORT

1991

١.	FACILITY NUMBER —			>	030	019
3.	(Pages 21-29) Buthy benzy	phthalate		-		
2.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			0.0	018 5	687
<b>D</b> .	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.     b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	b			a. 4
Ε.	Mark an X if you want to request consideration for the information confidentiality to be granted only if the reported information w					
F.	Total amount of Item 8 that was or may have been discharged (See Table A1 for code.) If the amount of Item 8 discharged continue with Item H		-			a. <u>4</u>
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		<b>ბ</b>			
G.	a. Outfall numbers on Form II which discharge this Critical Material.     b. Amount of Item B discharged from each outfall.	a <u>0.02</u> a	s. <u>4</u>	s		
	(See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a	b	c c		
		a	b	c		
—— Н.	a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in resignals is zero: skip I thr		ole A1 for			à. <u>O</u>
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.		b			
١.	Source of residual in Item H P = Production Process Residuel. or C = Combination				-	i
J.	Physical state of residual in Item H 1 = Liquid, 2 = Sludge	e. 3 = Wet soild. 4 = Dry solid.				
к.	Storage of Item H residual before removal. 1 = Metal drum 4 = Underground tank, 5 = Stockpiled on ground, 6 = Hold 8 = Other (specify at right), (Choose up to 4)	s. 2 = Fiber drums. 3 = Above- ing pond/lagoon. 7 = Dumpster	grouna to	ank. Ix.		
L.	Disposal method of Item H residual. Type of disposal site: 1 landfill, 3 = Own land, 4 = Shipped out of state, 5 = inciner right). (Choose up to 4)	= Sanitary landfill, 2 = Hazard ated, 6 = Recycled, 7 = Other	lous wast (specify a	e		

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# FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

SEE	INSTRUCTIONS p 30-32 If additional Form tills are needed (more than o	ne Critical Material	to report) p	olease pho	отосору
Α.	FACILITY NUMBER				013/010/19
В.	CRITICAL MATERIAL NAME MERCURY				
<u></u> -	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			CLA	115101211
D.	a Amount of Item B present on-site during year (see definitions pages 30-31) See Table A1 for code b If over 1 000 lbs /yr indicate amount to nearest 500 lbs	A1 0 = 0 ibs = less than 1 ib 1 = 1 10 lbs 1 = 11 100 lbs 1 = 101 500 lbs 5 = 501 1 000 lbs 5 = over 1 000 lbs	b _		a <u>2</u>
Ε.	Mark an X if you want to request consideration for the information in Item Confidentiality to be granted only if the reported information will divulge of				
F.	a Total amount of Item B that was or may have been discharged in was iSee Table A1 for code.) If the amount of Item B discharged is zero, sk continue with Item H.  b. If over 1 000 lbs /yr indicate amount to nearest 500 lbs.	tewater during year tip G and			a 🤇
G.	a Outfall numbers on Form II which discharge this Critical Material b Amount of Item B discharged from each outfall See Table A1 for code number i c If over 1 000 lbs /vr indicate amount to nearest 500 lbs	a a a a a	. D D D D	: : :	
<u></u> - -Н.	-a Amount of Item B that was or may have been contained in residuals code.) If the amount of Item B in residuals is zero, skip I thru L, this for b. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs.		-		a _
ι.	Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination				W .
J.	Physical state of residual in Item H 1 = Liquid 2 = Sludge 3 = Wet	soud 4 = Dry soud			2_
K.	Storage of Item H residual before removal '= Metal grums 2 = Fiber 4 = Underground tank 5 = Stockbilled on ground 6 = Holding pond/last 8 = Other (specify at right) (Choose up to 4)				<u>4. b</u>
L.	Disposal method of Item H residual Type of disposal site = Sanitar landfill 3 = Own land 4 = Shipped out of state 5 = incinerated 6 = right) (Choose up to 4)		s Ispecity a	at	3:7_ te land

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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISIO\*. MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30028 \_ANSING MI 48909-7258 Phone (517) 373-4621

#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

•	FACILITY NUMBER		<del></del>	<b>-</b> _	013'0'019
•	CRITICAL MATERIAL NAME (Pages 21-29) Zinc				
	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			CL	A15'S 1012'7
).	Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code     b. If over 1,000 lbs /yr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 3 ibs = ess than 1 ic 2 = 1 · 10 ibs 3 = 11 · 100 ibs 4 = 101 · 500 ibs 5 = 501 · 1 000 ibs b = over 1 000 ibs	5 _		a. <u>\$</u>
	Mark an X if you want to request consideration for the informatic Confidentiality to be granted only if the reported information will	on in Item O to remain confide	ntial 3		
•	a Total amount of Item B that was or may have been discharg (See Table A1 for code.) If the amount of Item B discharged continue with Item H				a <u></u>
	bilf over 1 000 lbs /vr indicate amount to nearest 500 lbs		<u> </u>		
G.	a Outfall numbers on Form II which discharge this Critical Material  b Amount of Item B discharged from each outfall (See Table A1 for code number)  c If over 1 000 lbs /vr indicate amount to nearest 500 lbs.	a <u>000</u> a <u>007</u> a <u>004</u> a	: <u>3</u>	3 3 6	
Н.	a Amount of Item B that was or may have been contained in code ) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs /yr indicate amount to nearest 500 lbs.	residuals during year (See Ta J.L., this form is complete	bie A1 for		a
1.	Source of residual in Item H P = Production Process Resid W = Wastewater Treatment Residual or C = Combination	uai			<u>W</u>
J.	Physical state of residual in Item H = Liquid 2 = Sludge	3 = Wet soild 4 = Dry soild			2_
<u></u>	Storage of Item H residual before removal = Metal drums 2 = Fiber drums 3 = Above-ground tank 4 = Underground tank 5 = Stockbilled on ground 6 = Holding pond/lagoon = Dumpster/roll off box 8 = Other (specify at right) (Choose up to 4)				
L.	Disposal method of item H residual. Type of disposal site sandfill 3 = Own land 4 = Shipped out of state 5 = Incineral right). (Choose up to 4)	= Sanitary landfill 2 = Hazari ated, 6 = Recycled 7 = Other	ispecify a	<b>t</b>	37 te land

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#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293, PA 1972

	FACILITY NUMBER		- <del></del>	<b>_</b>	030019
1.	CRITICAL MATERIAL NAME. (Pages 21-29) Nickel				
;.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			· C.L.	A  S S  0 2 2
).	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code b. If over 1.000 lbs./yr. indicate amount to nearest 500 lbs.	TABLEA1 0 = 0 lbs ' = less man 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	b		a. i.3
Ξ.	Mark an X if you want to request consideration for the information with the reported information				
	a. Total amount of Item B that was or may have been dischar (See Table A1 for code ) If the amount of Item B discharged continue with Item H  b. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs		ن <sub>اچ</sub> ہ ۔		a. 💆
G.	a Outfall numbers on Form II which discharge this Critical Material  b. Amount of Item® discharged from each outfall (See Table A1 for code number)  c. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs.	a 0.00 a 002 a a a	z <u>3</u>	c c c	
н.	a. Amount of Item B that was or may have been contained in code.) If the amount of Item B in residuals is zero, skip I this b. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs.	n residuals during year. (See Ta ru L, this form is complete.			a. 💆
1.	Source of residual in Item H. P = Production Process Resi W = Wastewater Treatment Residual, or C = Combination	dual.			N.
J.	Physical state of residual in Item H 1 = Liquid. 2 = Sludgi	e. 3 = Wet soild. 4 = Dry solid		7	21
K.	Storage of Item H residual before removal : = Metal drum 4 = Underground tank. 5 = Stockpiled on ground 6 = Hold 8 = Other (specify at right) (Choose up to 4)				4: 16
L.	Disposal method of Item H residual. Type of disposal site: 1 landfill. 3 = Own land, 4 = Shipped out of state, 5 = Incine right). (Choose up to 4)	= Sanitary landfill 2 = Hazar rated, 6 = Recycled, 7 = Other SubSocies	Aspectiv a	at	3 7 ite land

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#### FORM III CRITICAL MATERIALS REPORT

1991

LANSII	7.5 30428 VG M1 48909-7258 (S17) 373-4621	Required by Act	1 293. PA 1972							
SEE	INSTRUCTIONS, p. 30-32. If additional Form III	s are needed (m	nore than one	Critica	ı Materiai	to rep	ort), (	piease	photoc	эру.
A.	FACILITY NUMBER								03	0019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) LEA	D								
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	₹						· <u>C</u>	<u> </u>	15:011.9
D.	a. Amount of Item B present on-site during ye definitions, pages 30-31). See Table A1 for ob. If over 1,000 lbs./yr., indicate amount to near	code.	2 3 4 5	= less 2 = 1-10 3 = 11-16 4 = 101-15 5 = 501-	tnan 1 lb lbs 00 lbs		b			a. <u>3</u>
E.	Mark an X if you want to request consideration Confidentiality to be granted only if the reported	i for the informated information wi	tion in Item D ill divulae prot	puefár to tem	ain confidi v orocesse	ential.				!
F.	a. Total amount of Item B that was or may navi (See Table A1 for code.) If the amount of Ite continue with Item H	e been <b>discharg</b> m B discharged	ged in wastew is zero, skip (	vater or G and	uring year					a. <u>3</u>
	b. If over 1,000 lbs./yr, indicate amount to nea	rest 500 lbs					ь_		1	
G.	<ul> <li>a Outfall numbers on Form II which discharge Critical Material</li> <li>b. Amount of Item 8 discharged from each out (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nea 500 lbs.</li> </ul>	ttall			000	b b b		0 0		
н.	a. Amount of Item B that was or may have bee code.) If the amount of Item B in residuals it b. If over 1.000 lbs./yr., indicate amount to hear	s zero, skip i thru								a. <u>2</u>
1.		n Process Resig	iual.		<del></del>					W
J.	Physical state of residual in Item H 1 = Lig	uid. 2 = Sludge	. 3 = Wet soi	ıa 4 =	Dry solid					<u>2</u> :
ĸ.	Storage of Item H residual before removal 4 = Underground tank, 5 = Stockpiled on gr 8 = Other (specify at right), (Choose up to 4)	ound, 6 = Holaii	s. 2 = Fiber o	irums on 7 =	3 = Abov = Dumpsto	e-groil	una ta off bo	ank ox.	4	1 6
L.	Disposal method of Item H residual Type of diandfill, 3 = Own land, 4 = Shipped out of stright). (Choose up to 4)			cyclea		r (spe	city a		ivate	land
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MAIL COMPLETED FORM TO ACT 293 REPORTS SURFACE WATER QUALITY DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES P O BOX 30028 LANSING MI 48909-7258

#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293, P.A. 1972

	FACILITY NUMBER				0	300	19
•	CRITICAL MATERIAL NAME: COPPER						
	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			Clu	A	\$\ <b>5</b>  c	F   c
•	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  ' = less than 1 lb -  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs.  5 = 501-1.000 lbs.  "76 = over 1.000 lbs.	b		,	<u>'</u>	a. L*
	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will						L
	a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.						a. 🗠
	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.		p			- !	l !
3.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfail. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.</li> </ul>	a. <u>0:0:0:</u> a. <u>0:0:0:2</u> a. <u>0:0:4</u> a a	b	c c c		1 [	
H.	a. Amount of Item B that was or may have been contained in r code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.					:	a. [
l.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	ial.					للك
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge.	3 = Wet soild. 4 = Dry soild.					12/1
K.	Storage of Item H residual before removal. 1 = Metal drums. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holdin 8 = Other (specify at right). (Choose up to 4)					4116	!
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incineral right). (Choose up to 4)	= Sanitary iandfill. 2 = Hazard ted. 6 = Recycled. 7 = Other SubSoiled	(specify a	t.	, ~	3 7	<u> </u>

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#### FORM III CRITICAL MATERIALS REPORT

1991

Required by Act 293 PA 1972

۱.	FACILITY NUMBER			030019
3.	CRITICAL MATERIAL NAME (Pages 21-29) CHROMIUM			
<b>.</b>	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)			L'AISISIOI IIS
). 	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code     b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs 1 = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	b	a <u>3</u>
Ē.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will d			L
<b>;</b>	a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is a continue with Item H b. If over 1 000 lbs /yr. indicate amount to nearest 500 lbs		b	a. <u>3</u>
G.	a Outfall numbers on Form II which discharge this Critical Material b Amount of Item B discharged from each outfall (See Table A1 for code number i) c. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs	a <u>O O O</u> a a a a	b c b c	
н.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L.     b. If over 1,000 lbs /yr. indicate amount to nearest 500 lbs.	siduals during year (See Ta , this form is complete		a <u>"</u>
ı.	Source of residual in Item H P = Production Process Residua W = Wastewater Treatment Residual, or C = Combination	l.		W.
J.	Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3	= Wet solid 4 = Dry solid.		12 L
K.	Storage of Item H residual before removal 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground 6 = Holding 8 = Other (specify at right) (Choose up to 4)	e = Fiber grums, 3 = Above pond/lagoon 7 = Dumpste	e-ground tank r/roll off box	4161
L.	Disposal method of Item H residual Type of disposal site 1 = landfill. 3 = Own land 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)	Sanitary landfill. 2 = Hazari d. 6 = Recycled. 7 = Other SUDSOLO	(specify at _	rivate land

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# FORM III CRITICAL MATERIALS REPORT

1991

0 50 30025 NSING MI 48909-7258 Required by Act 293 PA 1972 One (517) 373-4621

A.	FACILITY NUMBER		<del></del>	030019
В.	CRITICAL MATERIAL NAME Deno	\		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	)	<b>→</b> [010	1/10/8/9/512
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs	ABLE A1 0 = 0 lbs 1 = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	ь L	a 141
Ε.	Mark an X if you want to request consideration for the information in Confidentiality to be granted only if the reported information will div			<u></u>
F.	a Total amount of Item B that was or may have been discharged is (See Table A1 for code.) If the amount of Item B discharged is ze continue with Item H.			a 141
	b if over 1 000 lbs /yr indicate amount to nearest 500 lbs		ь	1 [ !
G.	a Outfall numbers on Form II which discharge this Chical Material  b Amount of Item B discharged from each outfall (See Table A1 for code number)  c If over 1,000 lbs./yr, indicate amount to nearest	a <u>0:0 0</u> a <u>0:0 2</u> a		
	500 lbs	a	b c	
н.	a Amount of Item B that was or may have been contained in resi code ) If the amount of Item B in residuals is zero, skip I thru L, t	duals during year (See Tat his form is complete		a <u>O</u>
	b If over 1,000 lbs./yr, indicate amount to nearest 500 lbs		<u> </u>	
l. 	Source of residual in Item H P = Production Process Residual W = Wastewater Treatment Residual or C = Combination			
J.	Physical state of residual in Item H 1 = Liquid 2 = Sludge, 3 =	Wet soild 4 = Dry soild		
ĸ.	Storage of Item H residual before removal 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground 6 = Holding p 8 = Other (specify at right) (Choose up to 4)			
L.	Disposal method of Item H residual Type of disposal site 1 = S landfill 3 = Own land 4 = Shipped out of state 5 = Incinerated right) (Choose up to 4)	anitary landfill 2 = Hazard 6 = Recycled 7 = Other	ous waste (specify at	

JORDAN B. TATTER

MEN03462

#### JOHN ENGLER, Governor

#### **DEPARTMENT OF NATURAL RESOURCES**

Stevens T. Mason Building, P.O. Box 30028, Lansing, MI 48909
ROLAND HARMES, Director

May 20, 1993

To All Act 293 Reportees:

The Surface Water Quality Division has decided not to expend additional resources this fiscal year in carrying out the Critical Materials and Annual Wastewater Reporting Program (CMR). Accordingly, Annual Wastewater Reporting forms will not be mailed out nor required to be submitted for calendar year 1992. This decision is based on current budget considerations, available resources and program priority issues.

The CMR program is required by an amendment to The Water Resources Commission Act, being 1972 PA 293. In accordance with Section 6b., entities are required to submit annual reports on forms provided by the Department of Natural Resources (DNR) indicating the nature of their enterprise, quantities of materials used and the estimated annual gallons of wastewater discharged to the waters of the state or any sewer system.

The Administrative Rules for this program require that the DNR mail the reporting forms by January 15 of each year and that the forms be returned by April 1.

Discontinuing this program will assist the Surface Water Quality Division in meeting this and next year's budget demands. We believe this decision will have no negative impact on the Division mission in environmental protection.

The DNR will continue to review the CMR program to determine if the reporting requirements should be modified or if rule or legislative changes are needed. You will be advised of future program decisions.

Thank you for your patience over the last few months. If you have any questions please contact Mr. Frank Baldwin, Compliance & Enforcement Section Chief at 517-373-4621.

Sincerely,

Robert Miller, Chief

Surface Water Quality Division

517-373-1949

cc: Mr. Russ Harding, Deputy Director

Mr. Gary Hurlburt, MDNR

Mr. Frank Baldwin, MDNR

Mr. Dennis Swanson, MDNR

### PAPERBOARD DIVISION

MAN MENASHA CORPORATION

March 31, 1994

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30273
Lansing, MI 48909-7773

#### Gentlemen:

Enclosed is a copy of our 1993 Critical Materials and Wastewater Report. Since submission of the last data, there was a consolidation of weirs at our facility. During all of 1993, only outfalls 001 and 003 were used.

Please note that on Form III the amount present on-site is at times less than the amount discharged. In those instances, the critical materials discharged were most likely present as a trace contaminant in another host substance such as wood chips or recycled paper.

If you have any questions, please contact the writer at 616/692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling

Environmental Supervisor

KBK/alp

Enclosure

cc: Dave Merkel

Len Myers Pete DeRossi

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IG MI 48909-7773 PHUNE (517) 373-4621

#### FORM I GENERAL INFORMATION

1993

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THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293 PA. 1972. "OPERATIONS OF A BUSINESS OR INDUST: VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL. IN A COURT OF COMPETENT JURISDICTION."

SEE INSTRUCTIONS AND SAMPLE FORMS. p. 6. A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS. For other locations, please photocopy this form or request additional copies. For assistance in completing these forms call the Compliance and Enforcement Section (517) 373-4621.

Α.	FACILITY NUMBER (see mailing label, and instructions, p.6)	030019
В.	Do you or did you own or operate a business (commercial or industrial) in the state of Michigan durin No. Skip questions D thru P, sign the report. and see page 40 for mailing instructions X Yes. IN THE SPACE BELOW BRIEFLY DESCRIBE YOUR BUSINESS: then continue with question Integrated Pulp + Paper Mill, priculing corrugated medium of 20th, 33th, 35th, Composed of non-sulfur semi-chemical wood fiber and old corrugated	- C
C.	Plant Location: If the plant location is different than the location of the facility to which this form is marplant location below.	alled indicate the address of the
	Street Address	
	City !!!!!!!!	
A	O30019 O30057 O830030 —  MENASHA CORP	ress is incorrect please update to the person listed below
Nam	ne of Company	
Plan	t Location/Attn	
Stree	et Address or P.O. Box	, 1
City		
	NPDES Surface Water Discharge Permit Number (if applicable)	000038214
 E.	State Groundwater Discharge Permit Number (if applicable)	
F.		12161011121410151
<b>G</b> .	Standard Industrial Classification Code (see page 5)	[2 6 0 0
н.	County of Plant Location (see page 4)	[C 3]
1.	Sanitary Sewer Code, top-middle six-digit number from mailing label (see instructions, p. 6)	1013101015171
	River Basin Code, top-right seven-digit number from mailing label (see instructions, p. 6)	01813101013101
K.	Check this box if you have had a change in discharge type during this reporting year (see instruction	s, p. 6).

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#### FORM II WASTEWATER OUTFALL REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.

Photocopy this form if additional forms are needed. FACILITY NUMBER -٥ В. - 001 Outfall Number as you refer to it, or as indicated in NPDES or other permits. C. DISCHARGE TYPE: 1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.: KALAMAZOD RIVER give name of receiving water at right) Lagoon or seepage pond with no outlets 3. Spray irrigation  $oldsymbol{\perp}$ 4 Septic tank - tile field 5. Deep well disposal 6. Surface of ground Other (describe at right) 8. Municipal sanitary sewer (give name of municipality at right) D. **VOLUME OF DISCHARGE** 1.11010191 Average daily flow (million gailons per day) Measured 1316151 Number of days discharged per year Estimated Total annual flow 1 1 3161.181415101 (million galions per year) E. TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13) 1 101% % Process (Do not enter decimal or

Comments (use reverse side if necessary):

% Noncontact cooling

% Sanitary wastewater

11 10 10 1%

1 01%

fraction

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### FORM II WASTEWATER OUTFALL REPORT

1993

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.

Photocopy this form if additional forms are needed.

A.	FACILITY NUMBER			<b>→</b> 030	019
В.	Outfall Number as you refer to it. or as indicated in NPDES or other permit	s			003
C.	DISCHARGE TYPE:  1. Surface waters (river, stream, drain storm sewer, lake, swamp, etc.; give name of receiving water at right)  2. Lagoon or seepage pond with no outlets  3. Spray irrigation  4. Septic tank—tile field  5. Deep well disposal  6. Surface of ground  7. Other (describe at right)  8. Municipal sanitary sewer (give name of municipality at right)	<u> </u>	AMAZCC	RIVER	. <u>.</u>
D.	VOLUME OF DISCHARGE  Average daily flow  (million gallons per day)  Number of days discharged per year  Total annual flow  (million gallons per year)  Estimater		<u>.   ;</u>	<u>                                      </u>	1010101 1316121 1814101
E.	TYPE OF WASTEWATER (Each Outfall must total 100% See instructions % Process % Noncontact cooling % Sanitary wastewater	on Page	(Do not enter decimal or fraction)		1100 % 10 %

Comments (use reverse side if necessary)

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### FORM III CRITICAL MATERIALS REPORT

1993

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	NSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Fo	orm IIIs are needed (more than o	one Critical Material	l to report), please
Α.	FACILITY NUMBER			030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CHLCRINE (Includes	hypichlorite salts)		
с. 	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		CLU	11315101141
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code. b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  i = less than 1 lb 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	b. L	a. 161 216151010161
E.	Mark an X if you want to request consideration for the informatic Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes.		
•	<ul> <li>a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		b. [	a. [O]
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a a a a a	b c b c b c b c b c	
н.	<ul> <li>a. Amount of Item B that was or may have been contained in r code.) If the amount of Item B in residuals is zero, skip I thru</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	esiduals during year. (See Tab L. this form is complete.	b. [	a. 🔼
1.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	al.		ا ا
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge.	3 = Wet solid, 4 = Dry solid.		ا ا
K.	Storage of Item H residual before removal. 1 = Metal drums. 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding 8 = Other (specify at right). (Choose up to 4)			
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incineratinght). (Choose up to 4)			

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional For occopy.	m IIIs are needed (more than	one Critical Mate	nai to report), pi
A.	FACILITY NUMBER			0300
В.		CHLCROETHANE		
<b>c.</b>	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u>→ 'C C</u>	0101719101
D.	<ul> <li>a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs</li> </ul>	TABLE A1 0 = 0 lbs = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	b	a
Ε.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will describe the See Instructions, page 31, and answer questions on reverse side	livulge proprietary processes	ntiai.	
F.	<ul> <li>a. Total amount of Item 8 that was or may have been discharged (See Table A1 for code.) If the amount of Item 8 discharged is continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	in wastewater during year. zero, skip G and	b. L ''	e
G.	a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a a a a a	b c b c b c	
н.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.		ble A1 for	ε
<u> </u>	Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	l.	7112	L
J.	Physical state of residual in Item H 1 = Liquid. 2 = Sludge, 3	= Wet solid. 4 = Dry solid.		L
К.	Storage of Item H residual before removal. 1 = Metal drums. 2 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding 8 = Other (specify at right). (Choose up to 4)	= Fiber drums. 3 = Above- pond/lagoon. 7 = Dumpster	ground tank. Froil off box.	шш"
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)		(specify at)	end
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### FORM III CRITICAL MATERIALS REPORT

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	осору.				=
A.	FACILITY NUMBER			03001	9
В.	CRITICAL MATERIAL NAME:  (Pages 21-29) CYANIDES				
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u> → (C)</u>	L A 5 5 0 1	8
D. 	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	BLEA1 0 = 0 lbs.  1 = less than 1 lb  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs  5 = 501-1.000 lbs  6 = over 1.000 lbs	b. :	a.	
E.	Mark an X if you want to request consideration for the information in Confidentiality to be granted only if the reported information will divul See Instructions, page 31, and answer questions on reverse side of the	ge proprietary processes			L
<u>;</u>	<ul> <li>a. Total amount of Item B that was or may have been discharged in a (See Table A1 for code.) If the amount of Item B discharged is zero continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		b. L	a.	3
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall (See Table A1 for code number.)</li> <li>c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [O O 3] a. [ a. [ a. [ a. [	b. 3 c. l b c. l b c. l b c. l b c. l b c. l	'	
Н.	a. Amount of Item B that was or may have been contained in residu code.) If the amount of Item B in residuals is zero, skip I thru L, this b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		ble A1 for	a.	<b>ر</b> ا
I.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination				L
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = V	Vet solid, 4 = Dry solid.			L
ĸ.	Storage of Item H residual before removal. 1 = Metal drums. 2 = 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pon 8 = Other (specify at right). (Choose up to 4)	Fiber drums, 3 = Above d/lagoon, 7 = Dumpster	-ground tank. r/roll off box.		L
L.	Disposal method of Item H residual. Type of disposal site: 1 = San landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 right). (Choose up to 4)	stary landfill. 2 = Hazard = Recycled. 7 = Other	tous waste (specify at		L

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	INSTRUCTIONS AND SAMPLE FORMS $\mathrm{p}$ 30-32. If additional Form IIIs are needed (more than occpy	one Critical M	atenal to report), please
Α.	FACILITY NUMBER		<b>→</b> 030019
В.	CRITICAL MATERIAL NAME.  (Pages 21-29) ANTIMONY		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<b>→</b> • <u>C</u>	L'LIAISISIOI 1101
D.	a Amount of Item B present on-site during year (see definitions pages 30-31) See Table A1 for code  b If over 1 000 lbs /yr indicate amount to nearest 500 lbs  TABLE A1 0 = 0 lbs  = less than 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs  6 = over 1 000 lbs	ь ட	a. [O
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31 and answer questions on reverse side of this form		
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs</li> </ul>	b. L	a. [3
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall (See Table A1 for code number)  c. If over 1.000 lbs /yr, indicate amount to nearest 500 lbs.  a	b 3 c c c c c b c c c	
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a. [O
١.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual or C = Combination		<u></u>
J.	Physical state of residual in Item H 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.		LJ L
ĸ.	Storage of Item H residual before removal 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster 8 = Other (specify at right), (Choose up to 4)	ground tank /roll off box.	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazard landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incinerated, 6 = Recycled. 7 = Other right). (Choose up to 4)		

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## FORM III CRITICAL MATERIALS REPORT

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please

phot	tocopy.	
A.	FACILITY NUMBER	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	► [C L A S S C Z O]
D.		tnan 1 (b ibs. b
Ε.	Mark an X if you want to request consideration for the information in Item D to remove Confidentiality to be granted only if the reported information will divulge proprietary See Instructions, page 31, and answer questions on reverse side of this form.	ain confidential.  processes.
	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater do (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G.	Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a.	Dic 3       b. [3]       c. []       []
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during ye code.) If the amount of Item B in residuals is zero, skip I thru L, this form is compb. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid, 4 =	Dry solid.
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = 8 = Other (specify at right), (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, right), (Choose up to 4)	: = Hazardous waste 7 = Other (specify at

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	tocopy.	
A.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME:  (Pages 21-29) CHLEROFORM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	-10 0 0 6 7 6 6 3
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 3 lbs.  1 = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs. 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	a. O
Ε.	Mark an X if you want to request consideration for the information in Item D to remain conf Confidentiality to be granted only if the reported information will divulge proprietary proces See Instructions, page 31, and answer questions on reverse side of this form.	
<u>;</u>	<ul> <li>a. Total amount of Item B that was or may nave been discharged in wastewater during ye (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	ar. a. <u>2</u>
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See code.) if the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	Table A1 for a. LO
1.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination	<u></u>
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry sol	d
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Abota = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumps 8 = Other (specify at right), (Choose up to 4)	ove-ground tank.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Haz landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Ott right), (Choose up to 4)	ardous waste LILL

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than a occopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) 1,2,4 Trichlerobenzene	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	101011210181211
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. 🙆
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
	a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. [1]
G.	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b. L c. L L L L L L L L L L L L L L L L L
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
i.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Siudge, 3 = Wet solid, 4 = Dry solid.	ШШ
ĸ.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above-4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank.
L. )	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste

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	EINSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more ti tocopy.	nan one Critical Material to report), please
Α.	FACILITY NUMBER	P100E0
В.	CRITICAL MATERIAL NAME: (Pages 21-29) METHYLENE CHLORIDE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	000075092
D.	a. Amount of Item 8 <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs.  5 = 501-1.000 lbs.  6 = over 1.000 lbs.	a. <u>[3]</u> b. <u> </u>
E.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality to be granted only if the reported information will divulge proprietary proces See Instructions, page 31, and answer questions on reverse side of this form.	idential. sses.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during ye (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	ar. a. O
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a a	b c l l l l l l l l l l l l l l l l l l
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	e Table A1 for a. LL
l.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination	ПB
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry sol	id.
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = About 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumps 8 = Other (specify at right), (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Haz landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Otl right). (Choose up to 4)	rardous waste her (specify at

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	EINSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), plead locopy.
Α.	FACILITY NUMBER
В.	CRITICAL MATERIAL NAME:  (Pages 21-29) METHYLBENZENE
c.	CRITICAL MATERIAL PARAMETER NUMBER  (Pages 21-29)
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs  TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
G.	a Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number)  c If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a
н.	a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.
1.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.
ĸ.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above-ground tank. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll off box. 8 = Other (specify at right). (Choose up to 4)
<u></u>	Disposal method of Item H residual Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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ohoto	copy.			
A.	FACILITY NUMBER -			-030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) TOLUENE			
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<b>→</b> <u>'</u> 0	C 1 0 8 8 3
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.     b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs 1 = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs	b	a. [ <u>3</u>
E.	Mark an X if you want to request consideration for the informatic Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes		L
F.	a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.	ed in wastewater during year. s zero, skip G and	b. L	a. i
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	•		
G. پهر	a. Outfall numbers on Form II which discharge this Critical Material.	a. L	b c.	
	b. Amount of Item B discharged from each outfall.	a	b.	
	(See Table A1 for code number.) c. If over 1.000 lbs./yr., indicate amount to nearest	a. :	b c.	·
	500 lbs.	a	b c.	
		a. L		<u>'                                    </u>
н.	a. Amount of Item B that was or may have been contained in r	esiduals during year. (See Tal	ble A1 for	а. Ц
	code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	L. this form is complete.	b	!         1
1.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	al.	· · · · · · · · · · · · · · · · · · ·	<del>[</del>
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge,	3 = Wet solid. 4 = Dry solid.		اً ا
K.	Storage of Item H residual before removal. 1 = Metal drums. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding 8 = Other (specify at right). (Choose up to 4)	2 = Fiber drums. 3 = Above- g pond/lagoon. 7 = Dumpster.	ground tank. Troll off box.	יוויי
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incineratinght). (Choose up to 4)	= Sanitary landfill, 2 = Hazard ed, 6 = Recycled, 7 = Other	lous waste (specify at	

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form tocopy.	n his are needed (more than one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) XYLENE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	→ <u> </u> 0 1 3 3 0 2 0 7
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	TABLEA1 0 = 0 lbs  1 = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1 000 lbs 6 = over 1.000 lbs
Ε.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will di See Instructions, page 31, and answer questions on reverse side of	vulge proprietary processes.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is a continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	in wastewater during year. ero, skip G and b.
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a b c   _   _   _   _   _   _   _   _
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in rescode.) If the amount of Item B in residuals is zero, skip I thru L.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	iduals during year. (See Table A1 for a.
١.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination	W P
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 :	= Wet solid, 4 = Dry solid.
<u>-</u> -	Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding p 8 = Other (specify at right). (Choose up to 4)	= Fiber drums. 3 = Above-ground tank. cond/lagoon. 7 = Dumpster/roll off box.
L,	Disposal method of Item H residual. Type of disposal site: 1 = S landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated right). (Choose up to 4)	Sanitary landfill. 2 = Hazardous waste  . 6 = Recycled. 7 = Other (specify at 1)  Sub . Soiled on private land
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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are nee locopy.	eded (more than	one Critical Material to report), please
Α.	FACILITY NUMBER		→030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		C:L:AISIS 10 ZIZ
D.	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	9 lbs.  • less than 1 lb.  • 1-10 lbs.  • 11-100 lbs.  • 101-500 lbs.  • 501-1.000 lbs.  • over 1,000 lbs.	a. (4)
Е.	Mark an X if you want to request consideration for the information in Item D to Confidentiality to be granted only if the reported information will divulge propris See Instructions, page 31, and answer questions on reverse side of this form.	etary processes	
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewat (See Table A1 for code.) If the amount of Item B discharged is zero, skip G a continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a. <u>[3</u> ]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item 8 discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	a. [O.O.3] a a a	b. 3 c
н.	a. Amount of Item B that was or may have been contained in residuals during code.) If the amount of Item B in residuals is zero, skip I thru L, this form is ob. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.		2
i.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination		PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid.	4 = Dry soud.	2 4
к.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber druft 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 8 = Other (specify at right). (Choose up to 4)		
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary land landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycright), (Choose up to 4)	cled, 7_=,Other	
_	PLEASE RETURN COMPLETED FORM(S) III WITH FORM I AND FORM(S	) II AS REQUIR	ED TO THE ABOVE ADDRESS.

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32, If additional Form ocopy.	Ills are needed (more than o	one Critical Material to report), please
Α.	FACILITY NUMBER		<b>→</b> 030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) CADMIUM		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		C L A 5 5 0 1 3
D.	a Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b If over 1 000 lbs./yr., indicate amount to nearest 500 lbs.	ABLEA1 0 = 0 lbs ' = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 1 = 101-500 lbs 5 = 501-1 000 lbs 6 = over 1 000 lbs.	a. iOI b
E.	Mark an X if you want to request consideration for the information in Confidentiality to be granted only if the reported information will div See Instructions, page 31, and answer questions on reverse side of	ulge proprietary processes.	tial.
- -	a. Total amount of Item B that was or may have been discharged in (See Table A1 for code.) If the amount of Item B discharged is ze continue with Item H.		a. [2]
G.	<ul> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall (See Table A1-for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. OCC3 a	b. <u>2</u> c
н.	a. Amount of Item B that was or may have been contained in residuals.) If the amount of Item B in residuals is zero, skip I thru L, the b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		
I.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination		PIW
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 =	Wet solid, 4 = Dry solid.	( <u>2</u> ) ( <u>4</u> )
<u>-</u>	Storage of Item H residual before removal. 1 = Metal drums. 2 = 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding po 8 = Other (specify at right). (Choose up to 4)	= Fiber drums. 3 = Above-( nd/lagoon. 7 = Dumpster/	ground tank. Life 6 7 roll off box.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Salandfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, nght). (Choose up to 4)	6 = Recycled 7 = Other (	ous waste 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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	NSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form Ills are needed (more that copy.	n one Critical Material to report), please
Α.	FACILITY NUMBER	→ 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CHRCMIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	CLASSO115
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	a. [3]
E.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
F.	a. Total amount of Item B that was or may nave been discharged in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. <u>(</u>
G.	a. Outfall numbers on Form II which discnarge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b. i_ c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See T code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	able A1 for a. 💾
1.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	L W
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	
K.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpste 8 = Other (specify at right). (Choose up to 4)	e-ground tank.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazal landfill. 3 = Own land. 4 = Shipped out of state, 5 = Incinerated. 6 = Recycled. 7 = Othe right). (Choose up to 4)	rdous waste r (specify at cn private land

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### FORM III CRITICAL MATERIALS REPORT

1993

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A. FACILITY NUMBER  B. CRITICAL MATERIAL NAME: (Pages 21-29)  C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)  D. a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 6 lbs.  = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 3 = 11-100 lbs.	
C. CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)  D. a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.    Table A1 0 = 0 lbs.   1-10 lbs.   2 = 1-10 lbs.   2 = 1-10 lbs.   2 = 1-10 lbs.   3 = 1-10 l	a. [4]
(Pages 21-29)  D. a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.    TABLEA1 0 = 0 lbs.     = less than 1 lb.     = 1 lbs.	a. [4]
definitions, pages 30-31). See Table A1 for code.  = less than 1 lb. 2 = 1-10 lbs.	b: 1
1 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	
E. Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes.  "See Instructions, page 31, and answer questions on reverse side of this form.	
<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G. a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. OICI3: b. a. OICI3: b. a. DICI3: b.	3 c
<ul> <li>H. a. Amount of Item B that was or may have been contained in residuals during year. (See Table A code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	1 for a. 5
Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual. or C = Combination	العا لعا
J. Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	त्र उ. म
<ul> <li>K. Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above-group 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll of 8 = Other (specify at right). (Choose up to 4)</li> </ul>	
L. Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazardous v landfill, 3 = Own land, 4 = Shipped out of state. 5 = Incinerated, 6 = Recycled. 7 = Other (specifight). (Choose up to 4)	cify at )

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	EINSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If addition tocopy.	onal Form Itis are needed (more than one Critical Material to report), please
Α.	FACILITY NUMBER	→ 030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) ARSENIC	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	→ [C]L A S S 0 1 1
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code     b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs	TABLEA1 0 = 0 lbs  ' = iess than 1 lb  2 = 1-10 lbs.  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs  6 = over 1 000 lbs
E.	Mark an X if you want to request consideration for the info Confidentiality to be granted only if the reported information See Instructions, page 31, and answer questions on reverse	on will divulge proprietary processes.
F.	a. Total amount of Item B that was or may have been disc (See Table A1 for code.) If the amount of Item B dischar continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	rged is zero, skip G and a. [3]
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall (See Table A1 for code number.)</li> <li>c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. CC 3 b 3 c 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Н.	a. Amount of Item B that was or may have been containe code.) If the amount of Item B in residuals is zero, skip b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	I thru L, this form is complete.
ı.	Source of residual in Item H. P = Production Process R W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H 1 = Liquid. 2 = Slu	idge, 3 = Wet solid. 4 = Dry solid.
К.	Storage of Item H residual before removal. 1 = Metal di 4 = Underground tank, 5 = Stockpiled on ground, 6 = H 8 = Other (specify at right), (Choose up to 4)	rums. 2 = Fiber drums. 3 = Above-ground tank. folding pond/lagoon. 7 = Dumpster/roll off box.
L.	Disposal method of Item H residual. Type of disposal site: landfill, 3 = Own land, 4 = Shipped out of state, 5 = Inciright). (Choose up to 4)	1 = Sanitary landfill, 2 = Hazardous waste Inerated, 6 = Recycled, 7 = Other (specify at 1 ) Inerated to 1   Increase   I
)	PLEASE RETURN COMPLETED FORM(S) III WITH FO	RM I AND FORM(S) II AS REQUIRED TO THE ABOVE ADDRESS.

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional For ocopy.	m IIIs are needed (more than o	one Critical Mate	rial to report), please
Α.	FACILITY NUMBER			030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) DIMETHYLBEN)	ZENE		
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<b>→</b> [0]	1330121017
D.	<ul> <li>a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	TABLE A1 0 = 0 lbs. = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	b. 📑	a. [3]
E.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will of See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes		
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		b. <u>     </u>	a. [ <b>O</b> ]
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a a a a a	b c b c b c b c b c	
Н.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L     b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		ole A1 for	a. [O
ī.	Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	ıl.		
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3	= Wet solid. 4 = Dry solid.		
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right), (Choose up to 4)	2 = Fiber drums, 3 = Above- pond/lagoon, 7 = Dumpster/	ground tank. /roll off box.	
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)	Sanitary landfill. 2 = Hazardi d, 6 = Recycled. 7 = Other (	ous waste (specify at	

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۱.	FACILITY NUMBER			-030019
3.	CRITICAL MATERIAL NAME. (Pages 21-29) TETRACHLCRCETH	YLENE		
<b>)</b> .	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u> </u>	0111217111814
). 	a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code b. If over 1.000 lbs./yr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs  = less than 1 lb  2 = 1 · 10 lbs  3 = 11 · 100 lbs  4 = 101 · 500 lbs  5 = 501 · 1 000 lbs  6 = over 1 000 lbs	b	a.   <u>3</u>
<b>.</b>	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse significant controls.	divulge proprietary processe		
•	Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged continue with Item H.			a. 🖸
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		b. L	
3.	<ul> <li>a. Outfall numbers on Form II which discnarge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1.000 lbs./yr indicate amount to nearest 500 lbs.</li> </ul>	a a a a a		
┥.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thrub. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.		ble A1 for	a. <u>C</u>
	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	ıal.	- <u></u> -	LJL
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge.	3 = Wet solid, 4 = Dry solid.		
Κ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right), (Choose up to 4)			الالال
L.	Disposal method of Item H residual. Type of disposal site:  landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incinerat right). (Choose up to 4)	= Sanitary landfill. 2 = Hazard led. 6 = Recycled. 7 = Other	ous waste (specify at	

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	SEE INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please chotocopy				
Α.	FACILITY NUMBER	P 100E0			
В.	CRITICAL MATERIAL NAME. (Pages 21-29) SELENIUM				
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<u> </u>			
D.	a Amount of Item B present on-site during year (see definitions pages 30-31) See Table A1 for code  of It over 1 000 lbs /vr. indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs  - = less than 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs  6 = over 1 000 lbs			
<b>E.</b>	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes.			
	a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H	s zero. skip G and a. U			
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	· -, -, -, -, -, -, -, -, -, -, -, -, -,			
G.	a. Outfall numbers on Form II which discharge this Critical Material.     b. Amount of Item B discharged from each outfall	a b : c :!			
	(See Table A1 for code number)  c If over 1.000 lbs./yr.indicate amount to nearest 500 lbs.	a b c			
н.	Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru it.	esiduals during year. (See Table A1 for a. 2			
	b. if over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	b. (			
1.	Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	al. P W			
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3	3 = Wet solid, 4 = Dry solid.			
K.	Storage of Item H residual before removal 1 = Metal drums. 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding 8 = Other (specify at right). (Choose up to 4)	2 = Fiber drums. 3 = Above-ground tank. g pond/lagoon. 7 = Dumpster/roll off box.			
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill. 3 = Own land. 4 = Shipped out of state. 5 = Incinerate right). (Choose up to 4)	Sanitary landfill. 2 = Hazardous waste ed. 6 = Recycled. 7 = Other (specify at )  Sub-Sciled on private land			

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are locopy.	needed (more thai	n one Critical Materi	ai to report), please
Α.	FACILITY NUMBER		-	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)			
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u> </u>	11239111
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code. b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.	0 = 0 ibs 1 = less than 1 ib 2 = 1-10 ibs 3 = 11-100 ibs 4 = 101-500 ibs 5 = 501-1 000 ibs 6 = over 1 000 ibs	b. L	a. <u>3</u>
Ε.	Mark an X if you want to request consideration for the information in Item E Confidentiality to be granted only if the reported information will divulge pro-	oprietary processe	ential. es.	
F.	a. Total amount of Item B that was or may have been discharged in waste (See Table A1 for code.) If the amount of Item B discharged is zero, skip continue with Item H.			a. [O]
G.	<ul> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a a a a a	b c _ b _ c _ b c _	
H.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals of code.) If the amount of Item B in residuals is zero, skip I thru L, this form b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		able A1 for	a. O
1.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination			
J.	Physical state of residual in Item H 1 = Liquid. 2 = Sludge, 3 = Wet so	lid. 4 = Dry solid.		
K.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber 4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lage 8 = Other (specify at right). (Choose up to 4)	drums, 3 = Above oon, 7 = Dumpste	e-ground tank. r/roll off box.	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary I landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Re right), (Choose up to 4)	andfill. 2 = Hazar	dous waste r (specify at	שושוני

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32, If additional Foocoby.	orm IIIs are needed (more than	one Critical Mater	rial to report), please
Α.	FACILITY NUMBER			030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)LEAD			
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u> </u>	14 5 5 0 1 9
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  ' = less than 1 lb 2 = 1-10 lbs 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1 000 lbs 6 = over 1,000 lbs	b	a. [Z]
E.	Mark an X if you want to request consideration for the informatic Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes		L
F.	a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		b. I '_!	a. [3]
G.	a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. <u>C:C 3</u> a a a a a	b c b c b c	
Н.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		ble A1 for	a. [4]
l.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	al.		PW
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3	3 = Wet solid. 4 = Dry solid.		21 314
К.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right), (Choose up to 4)			
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill. 3 = Own land, 4 = Shipped out of state. 5 = Incinerate right). (Choose up to 4)	ed. 6 = Řecycled, 7 = Other (	ous waste (specify at in private lan	4
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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	-030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) ZINC	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1-100 lbs 3 = 11-100 lbs 4 = 101-500 lbs. 5 = 501-1 000 lbs 6 = over 1,000 lbs	a. [3]
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	ntial.
	<ul> <li>a. Total amount of item B that was or may nave been discharged in wastewater during year. (See Table A1 for code.) If the amount of item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [4]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b. (4) c. (1)   1   1   1   1   1   1   1   1   1
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. 11281
1.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	12 13 14
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right), (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right), (Choose up to 4)	specify at 1 ( )

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# FORM III CRITICAL MATERIALS REPORT

1993

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phot	осору.	
A.	FACILITY NUMBER	030019
<u></u> -	CRITICAL MATERIAL NAME: (Pages 21-29) MERCURY	
C.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	- CILIAISISIO1211
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>i.l.</u> b
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. iO
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c b c b c b c b c b c b c b c b c b c b c b c b c b c b c b c b c b c b c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Talcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	P W
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	1213
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster, 8 = Other (specify at right), (Choose up to 4)	ground tank. /roll off box.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	ous waste (specify att

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PR 4888-6 (Rev. 1/94)

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# FORM III CRITICAL MATERIALS REPORT

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	: INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than discopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) DIBUTYL PHTHALATE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<u> </u>
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	a. [2]
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. O
G.	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b cb b cb b c
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	<u> </u>
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank, 니니네너
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	specify at private and

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	SEE INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.					
Α.	FACILITY NUMBER	030019				
В.	CRITICAL MATERIAL NAME:  (Pages 21-29)  his (2 - ETHYLHEXYL) PHTHALATE					
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	01111718117				
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>L</u>				
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.					
	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. LQ				
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest  500 lbs.  a					
н.	a b c.  a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. (2)				
ı.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination					
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	الحا لــا				
ĸ.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)	1146				
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state. 5 = Incinerated, 6 = Recycled, 7 = Other (specify at night). (Choose up to 4)	nd LILLI				

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32, If additional Foocopy.	orm ills are needed (more than o	one Critical Material to report), please
Α.	FACILITY NUMBER		030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) ASBESTOS		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u>→ [0] 1   3 3 2 2 1 4 </u>
D.	<ul> <li>a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	a. [O]
E.	Mark an X if you want to request consideration for the informatic Confidentiality to be granted only if the reported information will See Instructions, page 31, and answer questions on reverse sid	divulge proprietary processes.	tial.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharge (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a [O]
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a	b c
н.	a. Amount of Item B that was or may have been contained in m code.) If the amount of Item B in residuals is zero, skip I thrub. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		le A1 for a b
1.	Source of residual in Item H. P = Production Process Residu W = Wastewater Treatment Residual, or C = Combination	al.	<u> </u>
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3	3 = Wet solid, 4 = Dry solid.	பு3
к.	Storage of Item H residual before removal. 1 = Metal drums, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right). (Choose up to 4)		roll off box
   	Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)		

#### PAPERBOARD DIVISION

MAN MENASHA CORPORATION

March 27, 1995

Act 293 Reports
Surface Water Quality Division
Michigan Department of Natural Resources
P.O. Box 30273
Lansing, MI 48909-7773

Gentlemen:

Enclosed is a copy of our 1994 Critical Materials and Wastewater Report. Please note that on Form III, the amount **present on-site** is at times less than the amount **discharged**. In those instances, the critical materials discharged were most likely present as a trace contaminant in another host substance, such as wood chips or recycled paper.

If you have any questions, please contact the writer at (616) 692-6141.

Sincerely,

Otsego Paperboard Division

Keith B. Kling

**Environmental Supervisor** 

KBK/alp

**Enclosure** 

c: Dave Merkel

Len Myers

Pete DeRossi

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### FORM I GENERAL INFORMATION

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 6. A SEPARATE REPORT IS REQUIRED FOR EACH LOCATION AT WHICH YOUR COMPANY DOES BUSINESS. For other locations, please photocopy this form or request additional copies. For assistance in completing these forms call the Compliance and Enforcement Section (517) 373-4621.

	ın comp	eleting these form	call the Compliance and Enfor	cement Section	on (517) 373	-4621.			
A.	FACILIT	TY NUMBER (see	nailing label, and instructions,	p.6)				030019	
	□ No. : X Yes. Inter Semi-	Skip questions D IN THE SPACE grated Pulp a chemical wa	perate a business (commercially P. sign the report, and see per LOW BRIEFLY DESCRIBE YOU Froducing there and old corrust location is different than the loc	page 40 for me DUR BUSINES ig corrugat	alling instructions; then contact medical medi	ctions.  Intinue with  Com	question C. Posed of	non-suffur	the
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F.	EPA Ide	entification Numb	(if available)			MILI	) 10101	61011121410151	
G.	Standa (see pa	rd Industrial Clas age 5)	fication Code					[2 6 0 0]	
н.	County	of Plant Location	see page 4)					031	
l.	Sanitar	y Sewer Code, to	-middle six-digit number from r	mailing label (s	see instruction	ons, p. 6).		1013101015171	
J.	River B	Basın Code, top-rı	nt seven-digit number from ma	lling label (see	instructions	s, p. 6).		01813101013101	
ĸ.	Check	this box if you ha	had a change in discharge typ	oe during this i	reporting ye	ar (see ins	structions, p.	6).	

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FORM II
WASTEWATER OUTFALL REPORT

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall. Photocopy this form if additional forms are needed. A. FACILITY NUMBER -٥ 3 0 0 В. Outfall Number as you refer to it, or as indicated in NPDES or other permits. 0011 C. DISCHARGE TYPE: 1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.; KALAMAZOO RIVET give name of receiving water at right) 2. Lagoon or seepage pond with no outlets 3. Spray irrigation 111 Septic tank — tile field 5. Deep well disposal 6. Surface of ground 7. Other (describe at right) 8. Municipal sanitary sewer (give name of municipality at right) D. **VOLUME OF DISCHARGE** Average daily flow 1 1.1111191 (million gallons per day) Measured Number of days discharged per year **Estimated** Total annual flow (million gallons per year) TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13) 101% % Process (Do not enter decimal or 1/10/01% % Noncontact cooling fraction) 1 101% % Sanitary wastewater

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#### FORM II WASTEWATER OUTFALL REPORT

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 13-14. A separate Form II is required for each outfall.

Photocopy this form if additional forms are needed. A. FACILITY NUMBER -0 3 В. Outfall Number as you refer to it, or as indicated in NPDES or other permits. 1003 DISCHARGE TYPE: 1. Surface waters (river, stream, drain, storm sewer, lake, swamp, etc.; KALAMAZOO RIVER give name of receiving water at right) Lagoon or seepage pond with no outlets 3. Spray irrigation | | | 4. Septic tank — tile field 5. Deep well disposal ... 6. Surface of ground 7. Other (describe at right) -8. Municipal sanitary sewer (give name of municipality at right) D. **VOLUME OF DISCHARGE** Average daily flow <u>| 1</u>|.8570| (million gailons per day) Measured 1316151 Number of days discharged per year **Estimated** Total annual flow 1617171.171010101 (million gallons per year) TYPE OF WASTEWATER (Each Outfall must total 100%. See instructions on Page 13) 1 101% % Process (Do not enter decimal or 1001% % Noncontact cooling fraction) 1 101 % % Sanitary wastewater

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### FORM III CRITICAL MATERIALS REPORT

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INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than a people.	one Critical Material to report), please
FACILITY NUMBER	030019
CRITICAL MATERIAL NAME: (Pages 21-29) CHLORINE (Includes hypochlorite salts)	
CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	- CILIAISISIOIII4
a. Amount of Item B <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. 161 b. 1 1 1 12 17 10 10 10 1
Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [Q]
a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b a
Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	
Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank, LILILI roll off box,
Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste
	CRITICAL MATERIAL NAME: (Pages 21-29)  CHLORINE (Includes hypochlorite salts)  CRITICAL MATERIAL PARAMETER NUMBER— (Pages 21-29)  a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.  a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code number.)  c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.  Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right), (Choose up to 4)  Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard andfill, 3 = Own land, 4 = Shippepe out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (See Table A1)

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### FORM III CRITICAL MATERIALS REPORT

1994

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32, if additional Form IIIs are needed (more that occopy,	in one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CYANIDES	•
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	C L A 5 5 0 1 8
D.	a Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  1 = less than 1 lb 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>O</u> l
E.	Mark an X if you want to request consideration for the information in Item D to remain confid Confidentiality to be granted only if the reported information will divulge proprietary process. See Instructions. page 31, and answer questions on reverse side of this form.	ential.
Ē.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	т. a. <u>3</u>
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. L L L a. L L	b. 3 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See T code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	able A1 for a. O
l.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Słudge, 3 = Wet solid, 4 = Dry solid	
к.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Abov 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpston B = Other (specify at right). (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Haza landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Othe night). (Choose up to 4)	

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# FORM III CRITICAL MATERIALS REPORT

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	EE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If abditional Form IIIs are needed (mbre than one Critical Material to report), please hotocopy.			
Α.	FACILITY NUMBER	P100E0		
В.	CRITICAL MATERIAL NAME: (Pages 21-29)ANTIMONY			
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————			
D.	a. Amount of item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a.   <u>O </u>		
E.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.			
) <u>:</u>	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. <u>[3</u> ]		
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. LLLL a. LLLL a. LLLL	b. 3 c		
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tal code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	ble A1 for a. O		
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	LJ L		
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	LIL		
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster 8 = Other (specify at right). (Choose up to 4)	ground tank, LillLiL.		
 	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	dous waste		

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	INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than ocopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)LTTHIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [O]
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
):	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Lilian a. Lilian a. Lilian a. Lilian	b. 3 c. 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tat code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
1.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination	. LJ LJ
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	
K.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster, 8 = Other (specify at right). (Choose up to 4)	ground tank,
 	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	ous waste

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than o ocopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CHLOROFORM	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	<u>► [0]0]0 6 7 6 6 3 </u>
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less tnan 1 lb. 2 = 1-100 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. ©
<b>E</b> .	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	ntial.
₹.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.  3  c.
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
i.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	LL
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank,
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazarde landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste

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	INSTRUCTIONS AND SAMPLE FORMS $$ p. 30-32. If additional Form IIIs are needed (more than occopy.	none Critical Material to report), please
Α.	FACILITY NUMBER ————————————————————————————————————	<b>→</b> 0 3 0 0 1 9
В.	CRITICAL MATERIAL NAME. (Pages 21-29) METHYLENE CHLORIDE	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	<b>→</b> [0]0 0 7 5 0 9 2
D.	a Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>[3  </u> b. []
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processe See Instructions, page 31, and answer questions on reverse side of this form.	
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [O]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ı.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	ЦP
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	3 4
к.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster 8 = Other (specify at right). (Choose up to 4)	r-ground tank.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	oous waste

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form Ills are needed (more than o peopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
в.	CRITICAL MATERIAL NAME: (Pages 21-29) TOLUENE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<u>►[0 0 1 0 8 8 8 3 </u>
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [3] b. [ ] ] ] ] ]
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confiden Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	tial.
	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. O
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.   c.
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	le A1 for a. 12
ī.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	L B
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	<u> </u>
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber grums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste

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A.	FACILITY NUMBER O 3 0
в.	CRITICAL MATERIAL NAME: (Pages 21-29)XYLENE
С.	CRITICAL MATERIAL PARAMETER NUMBER  → O   1   3   3   C   (Pages 21-29)
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.
E.	Mark an X if you want to request consideration for the information in item D to remain confidential. Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b.
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a
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I.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right), (Choose up to 4)

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Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)NICKEL	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	- C L A 5 5 0 2 2
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>13</u>
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	
፡	a. Total amount of Item B that was or may have been <b>discharged</b> in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. <u>(3</u>
·	b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.	b
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. Lili a. L	b. 3 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b.
1.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual. or C = Combination	. L
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 3
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank.
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Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME.  (Pages 21-29)	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	C L A 5 5 0 1 3
D.	a Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs.	a. <u>(0</u> b. <u>                                     </u>
E.	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
:	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. L <sup>Z</sup>
G.	a Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. L	b.  2  c.
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	PU
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	231
к.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank. $467$
L. )	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (nght). (Choose up to 4)	specify at 1

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	INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than ocopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CHROMIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	CILIAISISIOIIISI
D.	a. Amount of item B present on-site.during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u>[3]</u> b. <u>[ ``                                 </u>
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processe See Instructions, page 31, and answer questions on reverse side of this form.	
	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. ( <u>3</u> )
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a. L	b. 3 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	ble A1 for a. 4
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 3 4
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster 8 = Other (specify at right), (Choose up to 4)	
) L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	one Critical Matenal to report), please
Α.	FACILITY NUMBER	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)COPPER	
C.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	- C  LIA IS IS   0   1   7
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs.  5 = 501-1,000 lbs.	a. L61 b. L
E.	Mark an X if you want to request consideration for the information in Item D to remain confiden Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	
•	<ul> <li>a. Total amount of Item 8 that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item 8 discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. (3)
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. UIOIII  a. UIOIII  a. UIOIIII  a. UIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	b. 2 c. 1 1 1 1 1 1 b. 3 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	le A1 for a. Le
ı.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual. or C = Combination	PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 13 14
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-(4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/(8 = Other (specify at right), (Choose up to 4)	ground tank, 1/4/6/7 roll off box,
L	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (nght). (Choose up to 4)	ous waste UII67 specify at Land

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INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more the occopy	an one Critical Matenal to report), please
FACILITY NUMBER	030019
CRITICAL MATERIAL NAME. (Pages 21-29)	_
CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	► [C]L A 5 5 0 1 1
a Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = less tnan 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1 000 lbs.  6 = over 1 000 lbs	a. <u> Ô '</u> b. <u>                                    </u>
Mark an X if you want to request consideration for the information in Item O to remain confidentiality to be granted only if the reported information will divulge proprietary process. See Instructions, page 31, and answer questions on reverse side of this form.	
<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during yea (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H</li> <li>b. If over 1,000 lbs./vr., indicate amount to nearest 500 lbs.</li> </ul>	a. <u>(3)</u>
a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	Table A1 for         a. [3]           b. []         []
Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	PW
Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid	21314
Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Abov 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpst 8 = Other (specify at right). (Choose up to 4)	
Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Haza landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Othership). (Choose up to 4)	ardous waste er (specify at 1 ) 1 1 6 7
	FACILITY NUMBER  CRITICAL MATERIAL NAME. (Pages 21-29)  ARSENIC  CRITICAL MATERIAL PARAMETER NUMBER— (Pages 21-29)  a Amount of Item 8 present on-site during year (see definitions, pages 30-31) See Table A1 for code  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item O to remain confin Confidentiality to be granted only if the reported information will divulge proprietary process see instructions, page 31, and answer questions on reverse side of this form.  a. Total amount of Item B that was or may have been discharged in wastewater during year (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number)  c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a. Amount of Item B that was or may have been contained in residuals during year. (See code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumps 8 = Other (specify at night). (Choose up to 4)  Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. 2 = Hazz landfill. 3 = Own land, 4 = Shipped out of state, 5 = incinerated, 6 = Recycled, 7 = Other (specify at night). (Choose up to 4)

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	n one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) SELENIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	► [C L A 5 5 0 2 3
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. LO.
E.	Mark an X if you want to request consideration for the information in item D to remain confideration to be granted only if the reported information will divulge proprietary processe See Instructions, page 31, and answer questions on reverse side of this form.	
F.	<ul> <li>a. Total amount of Item B that was or may nave been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [Ó
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	able A1 for a. L3
l.	Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination	LP1 IM
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 3 4
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpste 8 = Other (specify at right). (Choose up to 4)	e-ground tank, [][4][6][7
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazari landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	dous waste [][[6][7] (specify at ) and

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) 1,4 DIOXANE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<b>→</b> [0]0]1 2 3 9 1 1
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [3]
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	ntial.
:	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. Q
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.   c.
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
1.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	·
K.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums. 3 = Above-4 = Underground tank. 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank.
-	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form ills are needed (more peopy.	than one Cr	itical Material to report), please
Α.	FACILITY NUMBER		030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29)LEA)		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		→  C L A S S 0 1 9
D.	a. Amount of Item B <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs 5 = 501-1,000 lbs 6 = over 1,000 lb	b s.	a. [ <u>Z</u> ]
E.	Mark an X if you want to request consideration for the information in item D to remain con Confidentiality to be granted only if the reported information will divulge proprietary processee Instructions, page 31, and answer questions on reverse side of this form.		
₹.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during y (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a. <u>[3</u> ]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a		3 c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (Se code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		for a. 4
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	<del> </del>	PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry se	olid.	2 3 4
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Al 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dum 8 = Other (specify at right), (Choose up to 4)	pove-groun pster/roll of	d tank, LJ467,
	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hallandfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Conght). (Choose up to 4)	azardous w other (speci ciled on	fy at \

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more to ocopy.	han one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) ZINC	_
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	CILIAISIS OIZI7
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  1 = less than 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1,000 lbs  6 = over 1 000 lbs	a. [4]
E.	Mark an X if you want to request consideration for the information in Item D to remain con Confidentiality to be granted only if the reported information will divulge proprietary proce See Instructions, page 31, and answer questions on reverse side of this form.	
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G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Light and III and	
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (Secode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	e Table A1 for a. 6
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	. Pw
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry so	lid. 2 3 山
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Ab 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dump 8 = Other (specify at right). (Choose up to 4)	ove-ground tank, 14617 ster/roll off box,
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hallandfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Otright). (Choose up to 4)	zardous waste her (specify at ) [] [6] 7]

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# FORM III CRITICAL MATERIALS REPORT

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THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, P.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL, IN A COURT OF COMPETENT JURISDICTION."

	SEĘ INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.				
Α.	FACILITY NUMBER	-030019			
В.	CRITICAL MATERIAL NAME: (Pages 21-29) MERCURY				
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	CILIA IS 15 10 12 11			
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. []			
E.	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	tial.			
-	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [O]			
G. '~	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.			
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tab code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	le A1 for a. []			
ı.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	ĽЮ			
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	பு			
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)				
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardalandfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste			

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than o	one Critical Material to report), please
Α.	FACILITY NUMBER	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) ASDESTOS	
C.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	<u>→ [0]1]3 3 2 2 1 4 </u>
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. (Q)
E.	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	tial.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a.
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b.
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tableode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	le A1 for a. 4
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	L P
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	புத
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-g 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, Z = Pumpster/s 8 = Other (specify at right). (Choose up to 4)	
<u>L</u>	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (sight). (Choose up to 4)	ous waste

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please

phot	ocopy.			
A.	FACILITY NUMBER			030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) SILVER			
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u>→</u> [C]	L A15151012141
D.	b. If over 1,000 lbs /yr. indicate amount to nearest 500 lbs.  2 = 1- 3 = 11 4 = 10 5 = 50	bs. ss than 1 'D 10 lbs. -100 lbs 1-500 lbs 1-1,000 lbs. eer 1,000 lbs.	b	a. [O
E.	Mark an X if you want to request consideration for the information in Item D to reconfidentiality to be granted only if the reported information will divulge proprieta See Instructions, page 31, and answer questions on reverse side of this form.	main confident ary processes.	trai.	· L.
F	<ul> <li>a. Total amount of Item 3 that was or may have been discharged in wastewater (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H</li> <li>b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.</li> </ul>		b	a. [O
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs.		b c. b c. b c. b c. b c. b c.	
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during y code.) If the amount of Item B in residuals is zero, skip I thru L, this form is corb. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		e A1 for	a. [2]
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination			الم الم
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4	= Dry solid.		ىك ب
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)		LUU7	
 L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill. landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled right). (Choose up to 4)			

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SEE INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please photocopy.			
Α.	FACILITY NUMBER	030019	
В.	CRITICAL MATERIAL NAME: (Pages 21-29) 1,2 - dichlorobenzene		
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	<u>→ [0 0 0 9 5 5 0 1</u>	
D.	a. Amount of Item B <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs.  5 = 501-1 000 lbs.  6 = over 1.000 lbs.	a. [O]	
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processe See Instructions, page 31, and answer questions on reverse side of this form.		
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Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	able A1 for a. L	
<u>.</u>	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	L P	
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	<u> </u>	
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpste 8 = Other (specify at right). (Choose up to 4)	e-ground tank, LJ LJ LJ 7	
)	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazar landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)		

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	n one Critical Material to report), please
Α.	FACILITY NUMBER	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) BENZENE	
c.	CRITICAL MATERIAL PARAMETER NUMBER— (Pages 21-29)	<u>→ [0 0 0 7 1 4 3 2 </u>
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. 🙆 b. 🔙 📗 .
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 L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	

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	E INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Mat ptocopy.	erial to report), please
Α.	FACILITY NUMBER —	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	01017151011141
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. O
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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Matocopy.	terial to report), please
A.	FACILITY NUMBER ————————————————————————————————————	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)NAPHTHALENE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	0001112013
D.	a. Amount of Item B <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [O]
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	E INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more tha <mark>n one</mark> Critical ptocopy.	Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) HYDROQUINONE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	0011233119
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [4
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ro: DNR Phone Call File

DATE: 17 December 1980

SUBJECT: Phone discussion with the Water Quality Division on the 1980 NPDES Formit Application

FROM: John Blauwkamp

On 19 November 1980, I talked with Dale DeKraker of the Water Quality Division of the DNR in Grand Rapids. The main topics of discussion were the Critical Materials that should be listed on the application and the water treatment chemical that should be listed.

My main question on the critical materials was whether or not the critical materials present in the SLI product should be listed as being present in the effluent. Because the critical materials present in the SLI product are a build up of materials present in the wood and are not present in the other materials coming the mill. Dale said these materials should not be listed as being present in the effluent. The intent of this part of the purnit is to trace down critical materials which will come in as components in the chemicals we use such as scale inhibitors, brocides with the soda ash and these things then will be present in the effluence from the mill. The trace quantities of critical materials that may be in the wood are not of interest to the DNR.

The second question was on which of the chemicals used in the mill would have to be listed as being present in the effluence. Dale said there was primarily interested in those chemicals that would be still present in the effluent in their original form. Chemicals such as scale inhibitors used in the digester for process reasons were not applicable to the NPDES permit application. For cooling water outfalls the biocides added at the well neaders and the scale inhibitors should be listed. Also the chemicals in the power plant that are present in outfall 004 should be listed. Basically anything that is present in an untreated effluent should be listed but those things that go through the main aeration pend or added in the mill for purely process reasons do not have to be listed on the NPDES permit.

cc: NPDES permit application file.

JB/kj

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Α.	FACILITY NUMBER		030	c i 9
8.	□ No. Skip questions D thru I	M, sign the report, and see page		
c	Mailing Address: Place peel-c 030019 MENASHA CORP	off mailing label here.	If the plant location is different than the lo facility to which this form is mailed indicate of the plant location below.	
	PAPERBOARD DIV 320 FARMER ST OTSEGO	MI 49078	Plant Name	- <b>-</b>
	If any part of the mailing additional undate incorrect line(s) only be if you have sold the busines: to piedse check here	low.	Address	
יונ ב	e of Company  It Location/Attn  et Address or P.O. Box			•••
C ty			State Z p	<u>.</u>
C * -	NPDES Permit Number (if applie	cable)	MI 100035	ب خ
E.	State Groundwate Permit Numl	ber (if applicable)	* - <u>MF 0 c<b>3</b> 3 3</u>	}
F.	EPA Identification Number (if av	railable)	MID 0060124	05
G	Standard Industrial Classificatio (See page 6)	n Code	<u>.a (</u>	00
H.	County of Plant Location (See p.	age 4)		03
	DNR USE ONLY	Sanitary Sewer Code		<u> </u>
		River Basin Code		

ਹੱਰ the operation of your business resultrant rollets, washrooms, etc.)? ਸ਼ਰੂ ਭੂਵ Yes. Continue with question J.	It in the discharge of ANY wastewater (including cooling water and sanitary sewage
	report and see page 31 for mailing instructions.
fountains, kitchens, and other sanitary	tye? (Note: Sanitary sewage includes wastewater from toiluts, was brooms, drinking facilities which may produce <u>HUMAN WASTE</u> . Sanitary waste does NOT include as wastewater, laundry or car wash water.)
A Yes. Continue with question K.	
B X No. Skip question K. Continue w	with question L. You must also complete and attach Form II.
Yes. Septic tank. (Note: La Yes. Sanitary sewer. If you marked either of the above	wage does it go to a septic tank or a municipal sanitary sewer?  agoons are not included in either of these categories)  re go to question N, sign the report, and see page 31 for mailing instructions.  You must also complete and attach Form II.
	any of the Critical Materials listed on pages 16 or 17? You must also complete and attach Form III for each Critical Material.
residue or sludge type waste material th	rocess or wastewater treatment facility (other than septic tanks) result in a residual, nat contains any Critical Materials listed on pages 16 or 17? You must also complete and attach Form III for each Critical Material.
Complete the following before mailing f	form(s)
516-692-6141	Humber of Employees 230
Enzy E. Roys Process Chemist & Group L	leader Haly 2. Kong 12/5/85
"ame and Title of Person Certifying Report (gidase John R. Blauwkamp P.E. Lorp Environmental Mgr.	print) Sinnature Rolannen PE.

ONR USE ONL	Y –	ALI	JN.	
	1	Dela's	2	Charge 3

# FORM II WASTEWATER OUTFALL REPORT Required by Act 293, P.A. 1972

1985

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A.	FACILITY NUMBER			031001119
8.	Outfail Number As You Refer To It			010101
с.	Monthly Operating Report Number (If Applicable)		Į	1301171/1
7	DISCHARGE TYPE:  1 Surface Waters (river, stream, drain, storm sewer, lai give name of receiving water at right)  2 Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6 Surface of Ground  7 Other (describe at right)  8. Municipal Sanitary Sewer (give name of municipality at	<u> </u>	AMAZCO RIVE	e []
 E.	VOLUME OF DISCHARGE Average Cally Flow (million gallons per day)	Measured 🔀	١١١٤	1.15/8/6/0
)	Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Estimated	111/13	1316151 191310101

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# FORM II WASTEWATER OUTFALL REPORT Required by Act 293, PA. 1972

1985

MEN03526

	For additional outfalls, photocopy to	this form or requ	est additional forms	
A.	FACILITY NUMBER			1931010119
8.	Outfall Number As You Refer To It			0011
c	Mouthly Operating Report Number (if Applicable)			013(1)13[8]
o ·	DISCHARGE TYPE: 1. Surface Waters (river, stream, drain, storm sewer, lab give name of receiving water at right) 2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank — Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Sanitary Sewer (give name of municipality a	<u>KAL</u>	AMAZCO RIVE	2_ [U
	VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)	Measured Estimated		3.00440 13/8/21 1.8/06/01
	TYPE OF WASTEWATER (Each Outfall must total 100%) % Process % Noncontact Cooling % Sanitar; Sewage		(Do not enter decimal or fraction)	100%

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# FORM II WASTEWATER OUTFALL REPORT Required by ALI 293, PA. 1972

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For additional outialls, photocopy this form of	request additional forms
FACILITY NUMBER	-[0]3 0 0 1 9
Outfall Number As You Refer To It	(८) ८।
Nonth - Operating Report Number (If Applicable)	0130111314
Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right) Lagoon or Seepage Pond With No Outlets Spray Irrigation - Oppic Tank — Tile Field Deep Well Disposal Surface of Ground Other (describe at right) - Municipal Sanitary Sewer (give name of municipality at right)	KALAMAZOO RIVER []
VOLUME OF DISCHARGE  Average Daily Flow  (million gallons per day)  Imber of Days Discharged per Year  of Annual Flow  million gallons per year)  Estimated	=, RFD
TYPE OF WASTEWATER (Each Outfall must total 100%) 'a Process '- Honcontact Cooling 's Sanitary Servage	(Do not enter 199% decimal or fraction)

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## FORM II WASTEWATER OUTFALL REPORT

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A. FACILITY NUMBER  D. DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets 3. Spray Irrigation 4. Septic Tank — Tile Field 5. Deep Well Disposal 6. Surface of Ground 7. Other (describe at right) 8. Municipal Senitary Sewer (give name of municipality at right) 9. VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)  LICI SIGNORY  LICI SIGNORY  Measured  Stimated  LICI SIGNORY  Measured  Signory  Signory  Measured  Signory  Signory  Measured  Signory  Signory  Measured  Signory  Measured  Measured  Signory  Signory  Measured  Signory  Signory  Signory  Measured  Signory  Signory  Signory  Measured  Signory  Signory  Signory  Measured  Signory  Sig		For additional outfalls, photocopy	this form o	i legues	it additional forms	•	ME
D. DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Senitary Sewer (give name of municipality at right)  E. VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)  F. TYPE OF WASTEWATER (Each Outfall must total 100%) % Process % Noncontact Cooling % Sanitary Sewage  (Do not enter decimal or fraction)  1. 1919	<u>—</u>					3101011	151
C. Monthly Operating Report Number (If Applicable)  D. DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, etc; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Senitary Sewer (give name of municipality at right)  E. VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)  F. TYPE OF WASTEWATER (Each Outfall must total 100%) % Process % Noncontact Cooling % Sanitary Sewage (IDo not enter decimal or fraction)	9	Outfail Number As You Refer To It			na varangagarakkenkakaninkakanin liiki wa	1010	74
D. DISCHARGE TYPE:  1. Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right)  2. Lagoon or Seepage Pond With No Outlets  3. Spray Irrigation  4. Septic Tank — Tile Field  5. Deep Well Disposal  6. Surface of Ground  7. Other (describe at right)  8. Municipal Senitary Sewer (give name of municipality at right)  E. VOLUME OF DISCHARGE Average Daily Flow  (million gallons per day)  Number of Days Discharged per Year  Total Annual Flow  (million gallons per year)  F. TYPE OF WASTEWATER (Each Outfall must total 100%)  % Process  % Noncontact Cooling  % Sanitary Sewage  (Do not enter decimal or fraction)	C.	Monthly Operating Report Number (If Applicable)			[0]	3101013	ाडा
E. VOLUME OF DISCHARGE Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow (million gallons per year)  F. TYPE OF WASTEWATER (Each Outfall must total 100%) % Process % Noncontact Cooling % Sanitary Sewage	D.	<ol> <li>Surface Waters (river, stream, drain, storm sewer, ial give name of receiving water at right)</li> <li>Lagoon or Seepage Pond With No Outlets</li> <li>Spray Irrigation</li> <li>Septic Tank — Tile Field</li> <li>Deep Well Disposal</li> <li>Surface of Ground</li> <li>Other (describe at right)</li> </ol>		KALI	AMAZOO RIVEI	2	L/J
F. TYPE OF WASTEWATER (Each Outfall must total 100%)  % Process % Noncontact Cooling % Sanitary Sewage  (Do not enter decimal or fraction)	E.	Average Daily Flow (million gallons per day) Number of Days Discharged per Year Total Annual Flow				1316	র
	F,	% Process % Noncontact Cooling			decimal or		11 % 91 % 11 %

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ut CHMPLETED FORM TO higher Department of Natural Resources Act 253 Reports

## FORM II WASTEWATER OUTFALL REPORT Required by Act 203, PA. 1972

1985

MEN03529

For additional outfalls, photocopy this form or request additional forms -1013101011191 FACILITY NUMBER -1010151 Outfail Number As You Refer To It 031005131 Monthly Operating Report Number (If Applicable) DISCHARGE TYPE: KALAMAZCO RIVER 1 Surface Waters (river, stream, drain, storm sewer, lake, etc.; give name of receiving water at right) 2 Lagoon or Seepage Pond With No Outlets 3 Spray Irrigation 4 Septic Tank - Tile Field 5 Deep Well Disposal 5 Surface of Ground Other (describe at right) 8 Municipal Sanitary Sewer (give name of municipality at right) **VCLUME OF DISCHARGE** 1316121 Average Daily Flow Measured X (mill on galions per day) Number of Days Dischurged per Year Estimated "otal Annual Flow 1315171.131813101 (million gallons per year) YFE OF WASTEWATER (Each Outfall must total 100%) (Do not enter °e Process % Noncontact Cooling decimal or % Sanitary Sewage fraction)

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## FORM III CRITICAL MATERIALS REPORT

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- Carrie	, Michigan 48906	Required by Act 2'S, P.A. 1972		
		If additional Form IIIs are needed (more than please photocopy Form III or requ		1985
•	FACILITY NUMBER			-1013101011191
<b>.</b>	CRITICAL MATERIA (Fages 1)	AL NAME: BERYLLIUM  s and 17)		
<b>:</b>	CRITICAL MATERIA PARAMETER NUME Pages 16 and 17)	BEH	<b>→</b> [C.]	LIAISISIOII IL
	Table A1 for cod	B Used or Manufactured per year. (See	E A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbz. 4 = 101 - 500 lbs. 5 = 500 - 1,000 lbs. 6 = over 1,000 lbs	a. (C)
		int the information in Item D to remain confid to be requested if the reported information		
	(See Table A1 for	Item B that was or may have been Discharge code.) yr., indicate amount to nearest 500 lbs.	nd in wastewater per year.	<u>. [3</u> ]
t	critical material.  Amount of Item E (See Table A1 for	en Form II which discharge this  I discharged out each outfall.  code number.)  ir., indicate amount to nearest	a [0]000 b, [2] c, [ a [0]011 b, [2] c, [ a [0]012 b, [2] c, [ a [0]014 b, [1] c, [ a [1]11 b, [1] c, [1]	
H.	A1 for code.)	B that was or may have been contained in rest.	siduals per year. (See Table	a.[C]
i.		I in Item H. P≂Production Process Residuation Process Residuation	al,	W W
J.	Physical state of re	esidual in Rem H. 1=Liquid, 2=Sludge, 3=	wet solid, 4≕Dry solid.	हा
K.		residua! before removai. 1=Metal drums, 2 und tank, 5=Stockpiled on grour d, 6=Holdin up to 4)		
L		of Item H residual. Type of disposal site 1=F hipped out of state, 5=Incinerated, 6=Recyc		1317111 TE LAND
			20.150.0	Care or

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# FORM III CRITICAL MATERIALS REPORT Required by Act 280, P.A. 1972

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	If additional Form Itis are needed (more than cite Critical Material to 1 1) please photocopy Form III or request additional forms.	1985
A.	FACILITY NUMBER	W136101/19
B.	CRITICAL MATERIAL NAME: #KSENIC (Pages 16 and 17)	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17)	14515171/I
D.	TABLE A1 0 = 0 lbs.  a. Amount of Item B Used or Manufactured per year. (See	. 0
<b>E</b> .	Mark an X if you want the information in Item D to remain confidential.  Confidentiality only to be requested if the reported information will divulge proprietary processes.	
F.	a Total amount of Item B that was or may have been Dircharged in wastewater per year.  (See Table A1 for code.)  b.	 a. [ <u>غ</u> ]
<b>G</b> .	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged cut each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. OOH b. C. L. a. L. b. L. c. L. a. L. b. L. c. L.	
H.	a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) b. If over 1,000 lbs/yr, indicate amount to nearest 500 lbs.	11111
ž I.	Source of residual in Item H. P=Production Process Residual, W=:Nastewater Treatment Residual, or C=Combination	W
J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	图
K.	Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled or ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)	4611
Ļ	Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right).  (Choose up to 4)  .Subscribe on Private	317111 E LAND

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#### FORM III CRITICAL MATERIALS REPORT

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If additional Form Ills are needed (more than one Critical Material to report) please pholocopy Forts: iff or request additional forms.  1965  1976	2019 2019 20 en 48809	CRITICAL MATERIALS RE	PORT	<u> </u>	1. [	2. 3.
### CILIAL NAME:  (Pages 16 and 17)  CSITICAL MATERIAL PARAMETER NUMBER  - Igos 16 and 17)  Amount of item B Used or Manufactured per year. (See    1					o report)	1985 :
(Fages 16 and 17)  CHITICAL MATERIAL PRAMETER NUMBER  Amount of item B Used or Manufactured per year. (See  Table A1 for code.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Tover 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 for code.)  Tover 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.)  Table A1 for code.  Table A1 for code.  Table A1 for code.  Table A1 for code number.)  Table A1 for code.  T	EXCIL TY NUN	IPER			>	101310101119
**RABLETER NUMBER CILIA! \$\( \) Sign 1 fand 17 \)  **Amount of item B Used or Manufactured per year. (See Table A1 for code.)  **If over 1,000 lbs.lyr., indicate amount to nearest 500 lbs.  **If over 1,000 lbs.lyr., ind						
Amount of item B Used or Manufactured per year. (See Table A Tor code.)  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Indicate a Total amount of Item B that was or may have been Discharged in wastewater per year.  If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  If over 1,000 lbs./yr., indicate amount to near	PARAMETER N	NUMBER			<u>- Cl</u>	1A19510117
Total amount of Item B that was or may have been Discharged in wastewater per year.	Table A1 for	tem B Used or Manufactured per year. (See	1 = lexi 2 = 1-1 3 = 11- 4 = 101 5 = 500	then 1 lb. 10 lbs. 100 lbs. - 500 lbs. - 1,000 lbs.	ь. Ц.	s. [2
See Table A1 for code.)  I over 1,000 lbs/yr., indicate amount to nearest 500 lbs.  I all numbers on Form II which discharge this imaterial.  Int of item B discharged cut each outfall.  I over 1,000 lbs/yr., indicate amount to nearest imaterial.  I over 1,000 lbs/yr., indicate amount to nearest imaterial.  I Amount of item B that was or may have been contained in residuals per year. (See Table imaterial				roprietary	processes.	
material.  Int of Item B discharged cut each outfall.  Table At for code number.)  I cever 1,000 lbs/yr., indicate amount to nearest  a. QOI b. 3 c	See Table A	A1 for code.)	in wastewa	ater per ye	ar. b. [	a [#
Amount of Item B that was or may have been contained in residuals per year. (See Table AT for code.)  If over 1,000 lbs./yr., indicate amo_nt to nearest 500 lbs.  Source of residual in Item H. P=Production Process Residual.  W=Wastewater Treatment Residual, or C=Combination  Tysical state of residual in Item H. 1=Liquid, 2=Sluoge, 3=Wet solid, 4=Dry solid.  Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 2=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)  Otsposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right).	nt of Ite nt of	rial. em B discharged out each outfall. 1 for code number.)	a. [ <i>O</i> ]	(이 <u>하</u> ) (이기 )	国。L 图。L	
AT for code.)  If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.  Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination  W  To yaical state of residual in Item H. 1=Liquid, 2=Sluoge, 3=Wet solid, 4=Dry solid.  Storage of Item H residual before removal. 1=Metal droms, 2=Fiber drums, 2=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)  Oisposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right).			. "a. L a. L.			
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3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right).	tank, 4= Unde	sground tank, 5=Stockpiled on ground, 6=Holding p	iber drum ound/lagoo	s, 2=Abo	ve ground er (specify	46111
	3≂0wn land,	4=Shipped out of state, 5=Incinerated, 6=Recycled	I, 7=Other	(specify a	it right).	, -

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#### FCRM III CRITICAL MATERIALS REPORT

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	SJ Reports OZ78 CRITICAL MATERIALS REPORT I. T Required by Act 293, P.A. 1972	2. 3.
	If additional Form Ills are needed (more than one Critical Material to report) please photocopy Form III or request additional forms.	1905
	FACILITY NUMBER	-101310101/191
-	CRITICAL MATERIAL NAME: CSADIDES (Pages 16 and 17)	
	CRITICAL MATERIAL  PARAMETER NUMBER  Finges 16 and 17)	ા <u>સાગરારામ</u>
_	a. Amount of item B Used or Manufactured per year. (See  Table A1 for code.)  5. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 500 - 1,000 lbs. 6 = over 1,000 lbs.	. E
	Mark an X if you want the information in Item D to remain confidential.  Confidentiality only to be requested if the reported information will divulge proprietary processes.	
	a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) b. If over 1,000 lbs/yr., Indicate amount to nearest 500 lbs.	a. [-/]
	c. Outlail numbers on Form II which discharge this critical material.  b. Amount of Item B discharged out each outlail.  See Table A1 for code number.)  c. if over 1,000 lbs/yr., indicate amount to nearest 500 lbs.  a. LLLL b. C. L. a. LLL b. C. L. a. LLL b. C. L.	
н.	a. Amount of Item B that was or may have been contained in residuals per year. (See Table A1 for code.) b. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs. b.	a. [3]
1.	Source of residual in Item H. P=Production Process Residual, W=Waste valer Treatment Residual, or C=Combination	<u>[]</u>
J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid.	<u> </u>
к.	Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding pend/lagoon, 7=Other (specify at right). (Choose up to 4)	<u> Ш</u> ЫПП
_	Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right), (Choose up to 4)	13171LLL TATE LAND
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UMR USE UNLI - ACTION MINO GETS JOHN FORM III Detele CRITICAL MATERIALS REPORT 1985 If additional Form tils are needed (more than one Critical Material to report) pulse photocopy Form in or request additional forms. FACILITY NUMBER -----0300119 LEAD CRITICAL MATERIAL NAME: \_\_ (Pages 16 and 17) CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17) O Iba a. [0] a. Amount of item B Used or Manufactured per year. (See less than 1 lb. 1 - 10 lbs Table A1 for code.) 11 - 100 lbs b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 500 - 1,000 lbs. over 1,000 lbs. Mark an X if you want the information in Item D to remain confidential. Confidentiality only to be requested if the reported information will divulge proprietary processes. a. Total amount of Item 8 that was or may have been Discharged in wastewater per year. (See Table A1 for code.) b. If over 1,000 lbs.yr., indicate amount to nearest 500 lbs. a. Outfall numbers on Form II which discharge this critical material b. Amount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs. а. ЦДД В. Ц с. І a. L\_L o. L c. L a L\_\_\_\_\_ b. L\_\_ c. L\_ a. Amount of item B that was or may have been contained in residuals per year. (See Table b. if over 1,000 lbs/yr., ir.Jcate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual. W-Wastewater Treatment Residual, or C=Combination Physical state of residual in liem H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 1416111 Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on grour J, 6=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4) 1311111 Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=0wn land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

COMPLETED FORM TO can Department of Nature 33 Reports

## FORM III CRITICAL MATERIALS REPORT

DNR USE ONLY — ACTION

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Required by Act 2KC, F.A. 1972	• •	
If additional Form IIIs are needed (more than of please photocopy Form III or reques		<b>5</b>
FACILITY NUMBER		-1013101011:19
CRITICAL MATERIAL NAME: NICKEL (Pages 16 and 17)		
CRITICAL MATERIAL PARAMETER NUMBER ————————————————————————————————————	<u> </u>	LAISISICIƏLƏ
	A1 0 = 0 lbs  1 = less than 1 lb.  2 = 1 - 10 lbs  3 = 11 - 100 lbs.  4 = 101 - 500 lbs.  5 = 500 - 1,000 lbs.  8 = over 1,000 lbs.	a. <i>(</i> )
Mark an X if you want the information in Item D to remain comide Confidentiality only to be requested if the reported information wi		
a. Total amount of Item B that was or may have been Discharged (See Table A1 for code.)  b. If over 1 000 lbs/yr., Indicate amount to nearest 500 lbs.	In wastewater per year.	a. (4)
<ul> <li>a. Outfall numbers on Form II which discharge this critical material.</li> <li>b. Amount of Item B discharged out each outfall. (See Table A1 for code number.)</li> <li>c. flover 1,000 ibs/yr., indicate amount to nearest 500 lbs.</li> </ul>	a.	
H. a. Amount of item B that was or may have been contained in resi A1 for code) b. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.	duals per year. (See Table	a. [_]
. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination		لدا
Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=W	/et solid, 4=Dry solid.	Ή
(. Storage of Item H residual before removal. i = Metal drums, 2= tank, 4=Underground lank, 5=Stockpiled on groun.; 6=Holding at right). (Choose up to 4)	Fiber drums, 3-Above ground pond/lagoon, 7-Other (specify	HPIII
. Disposal method of Item H residual. Type of disposal site 1=Pu 3=Own land, 4=Shipped out of state, 5=Inclnerated, 6=Recycles (Choose up to 4)	blic landfill, 2=Private landfill, d, 7=Other (specify at right). Subcoilen.	<u> </u>
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FORM III CRITICAL MATERIALS REPORT Required by Act 290, P & 1972 If additional Form Itis are needed (more than one Critical Material to report) please photocopy Form III or request additional forms. <del>-</del>101310101/191 FACILITY NUMBER CRITICAL MATERIAL NAME: MERCUR V (Pages 16 and 17) CRITICAL MATERIAL PARAMETER NULISER . (Pages 15 and 17) TABLE AT 0 -O live. 1. Amount of Item 8 Used or Manufactured per year. (See a ICI 1 - 10 lbs Table A1 for code.) 11 - 100 lbs. b. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs. 101 - 500 lbs. 500 - 1,000 lbs. over 1,000 lbs. Mark an X if you want the information in Item D to remain confidential. Confidentially only to be requested if the reported information will divulge proprietary processes. a. Total amount of Item B that was or may have been Discharged in wastewater per year. (See Table A1 for code.) b. [ | | | | | | | | | b. If over 1,000 lbs/yr., Indicate amount to nearest 500 lbs. a. Culfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each nutfall. (See Table A1 for code number.) over 1,000 lbs/yr., indicate amount to nearest 500 lbs. <u></u> . L a. Amount of Item B that was or may have been contained in residuals per year. (See Table b. if over 4,000 lbs/yr., indicate amount to nearest 500 lbs. Source of residual in Item H. P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid. 121

Storage of Item H residual before removal. 1=Metal drums, 2=Fiber drums, 3=Above ground tank, 4=Underground tank, 5=Stockpiled on ground, 8=Holding pond/lagoon, 7=Other (specify at right). (Choose up to 4)

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Disposal method of Item H residual. Type of disposal site 1=Public landfill, 2=Private landfill, 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at right). (Choose up to 4)

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	gan Pepertmen, of National Resources of Reports 20078	FORM III CRITICAL MATERIALS	REPORT	Delli USE UNLI - A-	ele New Cliano,
	ng sechigan 48909	Iditional Form IIIs are needs—more please photocopy Form III or	than one Critical N		1985
-	FACILITY NUMBER				-6300119
_	CRITICAL MATERIAL N (Pages 16 and	AME: Z 1 A) C			
	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17)			<u></u> [ <u>C</u> ]≀	- 141515101317
	Table A1 for code.)	ed or Manufactured per year. (See indicate amount to nearest 500 lbs.	2 = 1-10 3 = 11-1 4 = 101- 5 = 500-	han 1 lb. 1bs. 00 lbs. 500 lbs. 1,000 lbs.	. E
	•	ne information in Item D to remain co e requested if the reported informati		eprietary processes.	
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	b. If over 1,000 lbs/yr., I	ndicate amount to nearest 500 lbs.		b	<del></del>
i.	critical material. b. Amount of Item B dis (Gee Table A1 for cod	orm II which discharge this charged out each outfall. e number.; adicate amount to nearest	a. <u>() k</u> a. <u>() (</u>		
н.	a. Amount of Item B th	nat was or may have been contained i	in residuals per yea	ar. (See Table	a. 🔁
	b. If over 1,000 lbs/yr.	, include amount to nearest 500 lbs		b. <u>L</u>	
1.		iem ri. P=Production Process Res tent Residual, or C=Combination	idusi,		[h
J.	Physical state of residu	ual in Item H. 1=Liquid, 2=Sludge	, 3=Wet solid, 4=I	Ory solid.	
K.	Storage of Item H resitank, 4=Underground at right). (Choose up to	dual before removal. 1=Metal drum lank, 5=Stockpiled on ground, 3=Ho o 4)	s, 2=Fiber drums, Iding pond/lagoon	3=Above ground , 7=Other (specify	الالالال
L	Disposal method of ite 3=0wn land, 4=Shippe (Choose up to 4)	m H residual. Type of disposal site ad out of state, 5=incinerated, 6=Re	1=Public landfill, ecycled, 7=Other ( Subs	specify at right).	<u> </u>
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## FORM III

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CRITICAL MATERIALS I	REPORT L	2 2 3
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ATERIAL NAME:TOTAL CHEOM. Pages 16 and 17)	IHM	
AL MATERIAL AETER NUMBER ,es 16 and 17)		<u>laisisici(IS</u>
TAN Amount of Item 8 Used or Manufactured per year. (See Table A1 for code.) b. It over 1,000 lbs./yr., Indicate amount to nearest 500 lbs.	SLE A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1 - 10 lbs. 3 = 11 - 100 lbs. 4 = 101 - 500 lbs. 5 = 500 - 1.000 lbs. 6 = over 1,000 lbs.	<u>.</u>
Mark an X if you want the information in Item D to remain conf Confidentiality only to be requested if the reported information		
a. Total amount of Item B that was or may have been Discharg (See Table A1 for code.) b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	ed in wastewater per year.	a. [ <i>4</i> ]
Outfall numbers on Form II which discharge this itical material. Impount of Item B discharged out each outfall. (See Table A1 for code number.) c. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.	a. [0] [0] b. [0] c. [ a. [0] [0] b. [0] c. [ a. [0] [0] b. [0] c. [ a. [0] b. [0] c. [0] a. [0] b. [0] c. [0]	
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Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3	-Wet solid, 4=Dry solid.	<u></u>
Storage of Item H residual before removal. 1=Metal drums, tank, 4=Underground tank, 5=Stockpiled on ground, 6=5oidi at right). (Choose up to 4)	2=Fiber drums, 3=Above ground ng pond/lagoon, 7=Other (specify	MMNI
Disposal method of Item H residual. Type of disposal site 1=3=0wn land, 4=Shipped out of state, 5=Incinerated, 6=Recyconsecute (5-4)	Public landfill, 2=Private landfill, cled, 7=Other (specify at right). SubsoileD	BULL

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## FORM III

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1 300	CRITICAL MATERIALS REPORT  Mechagan 48909 Required by Act 293, PA 1972	1 2 3 3
		1985
	FACILITY NUMBER	<u> </u>
	CHITICAL MATERIAL NAME di-n-hutyl-phthalate (Pages 16 and 17)	
	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17)	-176781-1413
	TABLE A1 0 = 0 lbs  a. Amount of item B Used or Manufactured per year (See Table A1 for code)  b if over 1,000 lbs_/yr, indicate amount to nearest 500 lbs  Table A1 for code 1 = less than 1 lb 2 = 1 10 lbs 3 = 11 - 100 lbs 4 = 101 500 lbs 5 = 500 1 000 lbs 6 = over 1 000 lbs	
	Mark an X if you want the information in Item 0 to remain confidential Confidentiality only to be requested if the reported information will divulge proprietry pro-	cesses
F.	<ul> <li>Total amount of Item B that was or may have been Discharged in wastewater per year (See Table A1 for code)</li> </ul>	a [2]
	b if over 1 000 lbs/yr, indicate amount to nearest 500 lbs	
٥	a Outfall numbers on Form II which discharge this critical material b. Amount of Item B discharged out each outfall (See Table A1 for code number) if over 1,000 lbs/yr, indicate amount to nearest 500 lbs  a	
н.	a Amount of Item B that was or may have been contained in residuals per year (See Table A1 for node)	) a <u>te</u>
i.	Source of residual in Item H P=Production Process Residual, W=Wastewater Treatment Residual, or C=Combination	
J.	Fhysical state of residual in Item H 1=Liquid, 2=Sludge, 3=Wet solid, 4=Dry solid	·
K.	Storage of Item H residual before removal 1=Metal drums, 2=Fiber drums, C=Above g tank, 4=Underground tank, 5=Storkpiled on ground, 6=Holding pund/lagoon, 7=Other (s at right) (Choose up to 4)	
L.	Disposal method of item H residual Type of disposal site 1=Public landfill 2=Private la 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7=Other (specify at rig (Choose up to 4)	ndfill [] [] []
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٠.	FACILITY NUMBER					(1310	01119
3.	(Pages 16 and 17)	) F	) <del>                                     </del>	LATE			
Э.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 16 and 17)		· · · · · · · · · · · · · · · · · · ·		10101	/1/17	81/17
	TABLE A1  a. Amount of Item P Used or Manufactured per year. (See Table A1 for code.)  b. If over 1,000 lbsJyr., indicate amount to nearest 500 lbs.	1 = 4 2 = 1 3 = 1 4 = 1 5 = 5	3 (b.). ess than 1     - 10 (bs.   1 - 100 (bs.   01 - 500 (b)   100 - 1,000 (b)   100 - 1,000 (b)	s. b	1 1 1	<u>li</u> l	a [6]
	Mark an X if you want the information in Item D to remain confidential Confidentiality only to be requested if the reported information will determine the confidential to the confidentia		propriet	ary proces	ses		
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	a. Outfall numbers on Form II which discharge this critical material. b. Amount of Item B discharged out each outfall. (See Table A1 for code number) c. If over 1,000 lbs/yr., indicate amount to nearest 500 lbs.	a la	2012	b. 4   b. 3   b. 3   b   1   b. 1   b. 1	c c c c c c c c c c c c c		
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<b>!.</b>	Source of residual in "คัก Hamber Peroduction คืองออร Rasidual, WeWastewater Treatment Residual, or CeCombination	•					إلما
J.	Physical state of residual in Item H. 1=Liquid, 2=Sludge, 3=Wet	solid,	4=Dry se	olid.			떲
K	Sturage of Item H residual before removal, 1=Metal drums, 2=Fibtank, 4=Underground tank, 5=Stockpiled on ground, 6=Holding por at right). (Choose up to 4)					14169	
L	Disposal method of Item H residual. Type of disposal site 1=Public 3=Own land, 4=Shipped out of state, 5=Incinerated, 6=Recycled, 7 (Choose up to 4)	=Oth		ify at right)		[3][7]	لانا
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A.	FACILITY NUMBER —		030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) TOLUENE		
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u>→ 10 0 1 0 8 8 8 3</u>
D.	<ul> <li>a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	TABLE A1 0 = 0 ibs  = less than 1 ib  = 1-10 ibs.  3 = 11-100 ibs.  4 = 101-500 ibs.  5 = 501-1,000 ibs.  6 = over 1,000 ibs.	a. [3]
Ε.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will on See Instructions, page 31, and answer questions on reverse side	divulge proprietary processes.	
	<ul> <li>a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>		a. [O
G.	a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a b. a b. a b. a b. a b. a b.	c
Н.	a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	siduals curing year. (See Table A ,, this form is complete.	11 for a. L2
ı.	Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	ıl.	LP
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3	= Wet solid. 4 = Dry solid.	<u> </u>
ĸ.	Storage of Item H residual before removal. 1 = Metal drums. 2 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding 8 = Other (specify at right). (Choose up to 4)	2 = Fiber arums, 3 = Above-groupona/lagoon, 7 = Dumpster/roll	und tank. LJLJLJZ off box.
L.	Disposal method of Item H residual. Type of disposal site: 1 = landfill. 3 = Own land, 4 = Shipped out of state. 5 = incinerate right). (Choose up to 4)	Sanitary lanofill, 2 = Hazardous d, 6 = Recycled, 7 = Other (spe	wasted

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Α.	FACILITY NUMBER	<b>→</b> 030
3.	CRITICAL MATERIAL NAME. (Pages 21-29) XYLENE	
3.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	<b>→</b> [0]1]3 3 0
D.	a Amount of Item 8 present on-site during year (see definitions, pages 30-31) See Table A1 for code  b If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs  i = less than 1 lb  2 = 1-10 lbs  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1,000 lbs.  6 = over 1,000 lbs	b. <u>                                    </u>
E.	Mark an X if you want to request consideration for the information in item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form	
F.	<ul> <li>a Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H</li> <li>b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.</li> </ul>	b. [
G.	a Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  a	b.
Н.	<ul> <li>a. Amount of item B that was or may nave been contained in residuals during year. (See Tabcode.) If the amount of item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	•
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)	ground tank. Lile
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardiandfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than opcopy	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME. (Pages 21-29) NICKEL	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	► C L A S S 0 Z Z
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code.  b. If over 1.000 lbs./yr, indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 ibs.  2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <u> 3'</u> b. <u>                                    </u>
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	ntial.
	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. ( <u>3</u> )
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b (3) c
н.	<ul> <li>a. Amount of item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	Die A1 for a. 선
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	ίω
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	[2] [3
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster, 8 = Other (specify at right), (Choose up to 4)	ground tank. LILI46
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	ous waste [1617] (specify at 1 and 1 and 1

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	<b>→</b> 030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CADMIUM	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. (O)
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processe See Instructions, page 31, and answer questions on reverse side of this form.	ential. is.
:	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year.</li> <li>(See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. <u>(2</u>
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. LLL a. LLL a. LLL a. LLL	b c
H.	a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	
l.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	PW
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	2 314
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpste 8 = Other (specify at right). (Choose up to 4)	e-ground tank. 4 6 7
_ L	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazar landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Othe right). (Choose up to 4)	dous waste [][1][6][7] r (specify at 1) on private land
		DED TO THE ABOVE ADDRESS

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	INSTRUCTIONS AND SAMPLE FORMS. p. 30-32. If additional Form IIIs are needed (more than accord).	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) CHROMIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	- CILIAISISIOIIIS
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [3]
E.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	
;	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr.; indicate amount to nearest 500 lbs.  a	b. 3   c.
н.	<ul> <li>a. Amount of item B that was or may have been contained in residuals during year. (See Tat code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. [ ] ] ] ] ]
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	PW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid. 4 = Dry solid.	2 314
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster. 8 = Other (specify at right). (Choose up to 4)	
L	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	ous waste [ [ [ [ [ 7] ] ] ] ] [ ] [ ] [ ] [ ] [

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INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional For peopy.	III III ale needed (III ole alang	The Office Material to report, picase
FACILITY NUMBER		030019
CRITICAL MATERIAL NAME: (Pages 21-29)COPPER		
CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		
a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.     b. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 ibs.  1 = less than 1 ib.  2 = 1-10 ibs. 3 = 11-100 ibs. 4 = 101-500 ibs. 5 = 501-1,000 ibs. 6 = over 1,000 ibs.	a. [6] b. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Confidentiality to be granted only if the reported information will of	divulge proprietary processes.	
(See Table A1 for code.) If the amount of Item B discharged is continue with Item H.	d in wastewater during year. zero. skip G and	a. [3]
a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	a. [0:0:1] a. [0:0:3] a. [] a. [] a. []	b. 2 c. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L     b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	siduals ouring year. (See Tab ., this form is complete.	b. []   1   1   1   0   0   0
Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	il,	PW
Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3	= Wet solid, 4 = Dry solid.	2 (3) (4)
Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)	d. 6 = Recycled, 7 = Other (	specify at 1 Lind 7
	CRITICAL MATERIAL NAME:  (Pages 21-29)  CRITICAL MATERIAL PARAMETER NUMBER  (Pages 21-29)  a. Amount of Item B present on-site during year (see definitions), pages 30-31). See Table A1 for code. b. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will do See Instructions, page 31, and answer questions on reverse side a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is continue with Item H. b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual. or C = Combination  Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3  Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right). (Choose up to 4)	CRITICAL MATERIAL NAME: (Pages 21-29)  CARTICAL MATERIAL PARAMETER NUMBER— (Pages 21-29)  a. Amount of Item B present on-site during year isse definitions, pages 30-31). See Table A1 for code. b. If over 1,000 lbs.ryr indicate amount to nearest 500 lbs.  Table A1 0 = 0 lbs. 1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-5000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs. 7 = 101-500 lbs. 8 = 101-500 lbs. 9 = 101-500 lbs.

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	m ms are needed (more than	one Ontical Material to (eport), please
FACILITY NUMBER		030019
CRITICAL MATERIAL NAME. (Pages 21-29)		
CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		- CLASSIO111
<ul> <li>a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code.</li> <li>b. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs.</li> </ul>	TABLE A1 0 = 0 lbs 1 = less tran 1 lb 2 = 1-10 lbs 3 = 11-100 lbs 4 = 101-500 lbs 5 = 501-1 000 lbs. 6 = over 1 000 lbs	a. ( <u>Ö'</u>
Confidentiality to be granted only if the reported information will d	livulge proprietary processes	
		a. [3]
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs		b.
<ul> <li>a Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number)</li> <li>c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs</li> </ul>	a. <u>0 10 13  </u> a   a   a   a	b 3 c
<ul> <li>a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	siduals during year (See Tab , this form is complete.	b. <u>                                     </u>
Source of residual in Item H. P = Production Process Residua W = Wastewater Treatment Residual, or C = Combination	l,	P W
Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3	= Wet solid, 4 = Dry solid.	2 (3) (4
Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right), (Choose up to 4)	= Fiber drums. 3 = Above- pond/lagoon. 7 = Dumpster/	ground tank, [][4][6][7
Disposal method of Item H residual. Type of disposal site: 1 = landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerate right). (Choose up to 4)	Sanitary landfill. 2 = Hazard d. 6 = Recycled. 7 = Other Section	(specify at 1 )
	CRITICAL MATERIAL NAME.  (Pages 21-29)  ARSENIC  CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)  a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code. b. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will disee Instructions, page 31, and answer questions on reverse side  a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is continue with Item H  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs  a Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number i c. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs  a. Amount of Item B that was or may have been contained in recode.) If the amount of Item B in residuals is zero, skip I thru L b. If over 1,000 lbs /yr., indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3  Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding 8 = Other (specify at right). (Choose up to 4)	CRITICAL MATERIAL NAME. (Pages 21-29)  ARSENIC  CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)  a. Amount of Item B present on-site during year (see definitions, pages 30-31) See Table A1 for code.  b. If over 1,000 lbs /yr, indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge prophetary processes See Instructions, page 31, and answer questions on reverse side of this form.  a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H  b. If over 1,000 lbs./yr, indicate amount to nearest 500 lbs  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number 1  c. if over 1,000 lbs./yr, indicate amount to nearest 500 lbs  a. Outfall of Item B that was or may have been contained in residuals during year (See Table A1 for code number 1  c. if over 1,000 lbs./yr, indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.  Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster, 8 = Other (specify at night), (Choose up to 4)  Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other;

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than occopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) SELENIUM	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. 🙆
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	ntial.
).:	<ul> <li>a. Total amount of Item B that was or may nave been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. (Ó)
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
ı.	Source of residual in Item H. P = Production Process Residual. W = Wastewater Treatment Residual, or C = Combination	PIW
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 3 4
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster, 8 = Other (specify at right). (Choose up to 4)	ground tank, LJ 4 6 7
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	ous waste [][][617] (specify at 1   and

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SEE	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please occopy.
Α.	FACILITY NUMBER — O 3 O O 1 9
В.	CRITICAL MATERIAL NAME: (Pages 21-29)
c.	CRITICAL MATERIAL PARAMETER NUMBER  → [0]0 1 2 3 9 1 1 (Pages 21-29)
D.	a. Amount of Item 8 present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.
:	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a
н.	a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b. Light light
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid. 4 = Dry solid.
к.	Storage of Item H residual before removal. 1 = Metal drums. 2 = Fiber drums, 3 = Above-ground tank. 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon. 7 = Dumpster/roll off box. 8 = Other (specify at right). (Choose up to 4)
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Forrocopy.	n iils are needed (more than o	one Critical Materia	i to report), please
Α.	FACILITY NUMBER			030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)LEA)			
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<u> </u>	4 5 5 0 1 9
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	TABLE A1 0 = 0 lbs.  1 = less than 1 lb  2 = 1-10 lbs.  3 = 11-100 lbs  4 = 101-500 lbs  5 = 501-1,000 lbs.  6 = over 1,000 lbs	b. <u>[_]</u>	a. [Z
E.	Mark an X if you want to request consideration for the information Confidentiality to be granted only if the reported information will dissee Instructions, page 31, and answer questions on reverse side	vulge proprietary processes		L
)!	a. Total amount of Item B that was or may have been discharged (See Table A1 for code.) If the amount of Item B discharged is a continue with Item H.  b. If over 1,000 lbs./yr. indicate amount to nearest 500 lbs.	in wastewater during year. ero. skip G and	b. L <u>l</u>	a. <u>(3</u>
G.	<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [010·3] a. [	b. 3 c	
н.	a. Amount of item B that was or may have been contained in rescode.) If the amount of item B in residuals is zero, skip I thru L, b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	siduals during year. (See Tab this form is complete.	ble A1 for	a. [4
1.	Source of residual in Item H. P = Production Process Residual W = Wastewater Treatment Residual, or C = Combination	•		P W
J.	Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3	= Wet solid, 4 = Dry solid.		2 1314
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding page 8 = Other (specify at right). (Choose up to 4)	= Fiber drums, 3 = Above- cond/lagoon, 7 = Dumpster/	ground tank, /roll off box,	L 4 6 7
L.	Disposal method of Item H residual. Type of disposal site: 1 = 8 landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated right). (Choose up to 4)	i, 6 = Recycled, 7 = Other (	(specify at \ \	1 1 16 7 27 d
<b>/</b>			ED TO THE A DOW	E 4 DDDESS

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than o ocopy.	one Critical Material to report), please
Α.	FACILITY NUMBER —	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) ZINC	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	→  C L A 5 5 0 2 7
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. [4]
E.	Mark an X if you want to request consideration for the information in item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes. See Instructions, page 31, and answer questions on reverse side of this form.	tral.
)	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. 4
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Ull a. Ull a. Ull a. Ull a. Ull	b. 4   c.
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Table code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b. [ ] 1   2   5   0   0
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	P W
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	2 3 4
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-g 4 = Underground tank, 5 = Stockpiled on ground. 6 = Holding pond/lagoon, 7 = Dumpster/r 8 = Other (specify at right). (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardo landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (sright). (Choose up to 4)	on private land

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tocopy.			
FACILITY NUMBER			030019
CRITICAL MATERIAL NAME: (Pages 21-29) MERCURY			
CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)		<b>→</b> [C]L	A 5 5 0 2 1
a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code. b. If over 1,000 lbs:/yr., indicate amount to nearest 500 lbs.	11 0 = 0 lbs. 1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	b. <u>`</u>	a. [_]
Confidentiality to be granted only if the reported information will divulge p	roprietary processes.	itral.	
			a. 🔘
b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.		b	
<ul> <li>a. Outfall numbers on Form II which discharge this Critical Material.</li> <li>b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)</li> <li>c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a	b c b c b c b c b c	
code.) If the amount of Item B in residuals is zero, skip I thru L, this for	during year. (See Tab m is complete.		a. []
Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination		<u> </u>	uР
Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet s	solid, 4 = Dry solid.		<u> </u>
			<u> </u>
Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Ringht). (Choose up to 4)	landfill, 2 = Hazardo lecycled, 7 = Other (	ous waste specify at	
	CRITICAL MATERIAL NAME:  (Pages 21-29)  CRITICAL MATERIAL PARAMETER NUMBER— (Pages 21-29)  a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item Confidentiality to be granted only if the reported information will divulge piece Instructions, page 31, and answer questions on reverse side of this fee.  a. Total amount of Item B that was or may have been discharged in wast (See Table A1 for code.) If the amount of Item B discharged is zero, ski continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Amount of Item B that was or may have been contained in residuals code.) If the amount of Item B in residuals is zero, skip I thru L, this for b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet states of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet states of Item H residual before removal. 1 = Metal drums, 2 = Fibe 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lag 8 = Other (specify at right). (Choose up to 4)	CRITICAL MATERIAL NAME: (Pages 21-29)  MERCURY  CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)  a. Amount of Item 8 present on-site during year (see definitions, pages 30-31). See Table A1-for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item D to remain confider Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.  a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  source of residual in Item H. P = Production Process Residual.  W = Wastewater Treatment Residual, or C = Combination  Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid. 4 = Dry solid.  Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Slockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right). (Choose up to 4)  Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard andfill, 3 = Own land, 4 = Shipped out of state, 5 = incinerated, 6 = Recycled, 7 = Other (andfill, 3) = Own land, 4 = Shipped out of state, 5 = incinerated, 6 = Recycled, 7 = Other (andfill, 3) = Own land, 4 = Shipped out of state, 5 = incinerated, 6 = Recycled, 7 = Other (andfill, 3) = Own land, 4 = Shipped out of state, 5	CRITICAL MATERIAL NAME:  (Pages 21-29)  MERCURY   a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.  a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount to nearest 500 lbs.  b

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than ocopy.	one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29)ASbe5to5	
c.	CRITICAL MATERIAL PARAMETER NUMBER————————————————————————————————————	
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. Q
E.	Mark an X if you want to request consideration for the information in Item D to remain confide Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	ntial. 3.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	<b>a.</b> [O]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
Н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Ta code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	ble A1 for a. 4
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	LP
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	ப 3
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, Z = Pumpster 8 = Other (specify at right). (Choose up to 4)	ground tank.
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazard landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other right). (Choose up to 4)	fous waste

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more that tocopy.	an one Critical Material to report), please
Α.	FACILITY NUMBER	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) SILVER	
C.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	→ [C L A 5 5 0 2 4]
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less than 1:5 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. <equation-block></equation-block>
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidentiality to be granted only if the reported information will divulge proprietary process See Instructions, page 31st and answer questions on reverse side of this form.	
·: )	Total amount of Item B that was or may have been <b>discharged</b> in wastewater during yea (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.	a. O
	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	b. L
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	b c
н.	a. Amount of Item B that was or may have been <b>contained in residuals</b> during year. (See Toods.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.	b
<u>.</u>	b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	<u> </u>
<u>J.</u>	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid	
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Abov 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpston 8 = Other (specify at right). (Choose up to 4)	
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Haza landfill, 3 = Own land, 4 = Shipped out of state. 5 = Incinerated, 6 = Recycled, 7 = Othe right). (Choose up to 4)	rdous waste

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), ple tocopy.	ase
Α.	FACILITY NUMBER O 3 0 0 1	9
В.	CRITICAL MATERIAL NAME: (Pages 21-29)	
c.	CRITICAL MATERIAL PARAMETER NUMBER  (Pages 21-29)	
D.	a. Amount of Item B <b>present on-site</b> during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  1 = less tnan 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1.000 lbs. 6 = over 1.000 lbs.	. (0)
E.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.	
· ·	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.	. (Q)
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a	
н.	a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b. L	a. <u>U</u>
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	J P
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	_ 4
K.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)	ر ت
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)	J (
_		

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INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please occopy.
FACILITY NUMBER————————————————————————————————————
CRITICAL MATERIAL NAME: (Pages 21-29)
CRITICAL MATERIAL PARAMETER NUMBER—  (Pages 21-29)  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.
Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions. page 31, and answer questions on reverse side of this form.
a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a
a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b. L L L L L L L L L L L L L L L L L L L
Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination
Physical state of residual in Item H. 1 = Liquid. 2 = Sludge, 3 = Wet solid, 4 = Dry solid.
Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)
Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please occpy.
Α.	FACILITY NUMBER
В.	CRITICAL MATERIAL NAME: (Pages 21-29) VINYL CHLORIDE
С.	CRITICAL MATERIAL PARAMETER NUMBER  → OOO 175014  (Pages 21-29)
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  1 = less than 1 lb.  2 = 1-10 lbs.  3 = 11-100 lbs.  4 = 101-500 lbs.  5 = 501-1,000 lbs.  6 = over 1,000 lbs.
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.
F.	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
G.	a. Outfall numbers on Form II which discharge this Critical Material. b. Amount of Item B discharged from each outfall. (See Table A1 for code number.) c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a
н.	a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b
ı.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank. 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)

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Α.	FACILITY NUMBER —	030019
В.	CRITICAL MATERIAL NAME: (Pages 21-29) NAPHTHALENE	
c.	CRITICAL MATERIAL PARAMETER NUMBER (Pages 21-29)	► [0 0 0 9 1  z 0 3
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLEA1 0 = 0 lbs.  1 = less than 1 lb. 2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.	a. O
E.	Mark an X if you want to request consideration for the information in Item D to remain confident Confidentiality to be granted only if the reported information will divulge proprietary processes See Instructions, page 31, and answer questions on reverse side of this form.	itial.
F.	<ul> <li>a. Total amount of Item B that was or may have been discharged in wastewater during year. (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	a. [3]
G.	a. Outfall numbers on Form II which discharge this Critical Material.  b. Amount of Item B discharged from each outfall. (See Table A1 for code number.)  c. If over 1.000 lbs./yr., indicate amount to nearest 500 lbs.  a	b. 3 c. 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
н.	<ul> <li>a. Amount of Item B that was or may have been contained in residuals during year. (See Tabcode.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.</li> <li>b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.</li> </ul>	b
1.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination	
J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.	
ĸ.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/8 = Other (specify at right), (Choose up to 4)	ground tank, LJLJLJ roll off box,
L.,	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazarda landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (right). (Choose up to 4)	ous waste

PLEASE RETURN COMPLETED FORM(S) TO
ACT 293 REPORTS
SURFACE WATER QUALITY DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30273

DNR USE ONLY - ACTIO	N	
Delete	New	Change
1.	2. 🗌	3. 🔲

ANSING MI 48909-7773

HONE (517) 373-4621

# FORM III CRITICAL MATERIALS REPORT

1994

THIS INFORMATION IS REQUIRED BY AUTHORITY OF SECTION 6B OF ACT 293, R.A. 1972. "OPERATIONS OF A BUSINESS OR INDUSTRY WHICH VIOLATE THIS SECTION MAY BE ENJOINED BY ACTION COMMENCED BY THE ATTORNEY GENERAL IN A COURT OF COMPETENT JURISDICTION."

	INSTRUCTIONS AND SAMPLE FORMS, p. 30-32. If additional Form IIIs are needed (more than one Critical Material to report), please ocopy.
A.	FACILITY NUMBER — O 3 O O 1 9
В.	CRITICAL MATERIAL NAME: (Pages 21-29) HYDROQUINONE
C.	CRITICAL MATERIAL PARAMETER NUMBER  (Pages 21-29)  ○○○ 1 2 3 3 1 1 9
D.	a. Amount of Item B present on-site during year (see definitions, pages 30-31). See Table A1 for code.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  TABLE A1 0 = 0 lbs.  2 = 1-10 lbs. 3 = 11-100 lbs. 4 = 101-500 lbs. 5 = 501-1,000 lbs. 6 = over 1,000 lbs.
Ε.	Mark an X if you want to request consideration for the information in Item D to remain confidential.  Confidentiality to be granted only if the reported information will divulge proprietary processes.  See Instructions, page 31, and answer questions on reverse side of this form.
)	a. Total amount of Item B that was or may have been discharged in wastewater during year.  (See Table A1 for code.) If the amount of Item B discharged is zero, skip G and continue with Item H.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.
G.	a. Outfall numbers on Form II which discharge this  Critical Material.  b. Amount of Item B discharged from each outfall.  (See Table A1 for code number.)  c. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  a.
Н.	a. Amount of Item B that was or may have been contained in residuals during year. (See Table A1 for code.) If the amount of Item B in residuals is zero, skip I thru L, this form is complete.  b. If over 1,000 lbs./yr., indicate amount to nearest 500 lbs.  b
l.	Source of residual in Item H. P = Production Process Residual, W = Wastewater Treatment Residual, or C = Combination
 J.	Physical state of residual in Item H. 1 = Liquid, 2 = Sludge, 3 = Wet solid, 4 = Dry solid.
к.	Storage of Item H residual before removal. 1 = Metal drums, 2 = Fiber drums, 3 = Above-ground tank, 4 = Underground tank, 5 = Stockpiled on ground, 6 = Holding pond/lagoon, 7 = Dumpster/roll off box, 8 = Other (specify at right). (Choose up to 4)
L.	Disposal method of Item H residual. Type of disposal site: 1 = Sanitary landfill, 2 = Hazardous waste landfill, 3 = Own land, 4 = Shipped out of state, 5 = Incinerated, 6 = Recycled, 7 = Other (specify at right). (Choose up to 4)



fO: DNR Phone Call File

DATE: 17 December 1980

SUBJECT: Phone discussion with the Water Quality Division on the 1980 NPDES Termit Application ROM: John Blauwkamp

On 19 November 1980, I talked with Dale DeKraker of the Water Quality Division of the DNR in Grand Rapids. The main topics of discussion were the Critical Materials that should be listed on the application and the water treatment chemical that should be listed.

My main question on the critical materials was whether or not the critical materials present in the SLI product should be listed as being present in the effluent. Because the critical materials present in the SLI product are a build up of materials present in the wood and are not present in the other materials coming the mill. Dale said these materials should not be listed as being present in the effluent. The intent of this part of the permit is to trace down critical materials which will come in as components in the chemicals we use such as scale inhibitors, biocides with the soda ash and these things then will be present in the cffluencs from the mill. The trace quantities of critical materials that may be in the wood are not of interest to the DNR.

The second question was on which of the chemicals used in the mill would have to be listed as being present in the effluence. Dale said there was primarily interested in those chemicals that would be still present in the effluent in their original form. Chemicals such as scale inhibitors used in the digester for process reasons were not applicable to the NPDES permit application. For cooling water outfalls the biocides added at the well neaders and the scale inhibitors should be listed. Also the chemicals in the power plant that are present in outfall 004 should be listed. Basically anything that is present in an untreated effluent should be listed but chose things that go through the main aeration pond or added in the mill for purely process reasons do not have to be listed on the NPDES permit.

cc: NPDES permit application file.

JB/kj

ESQUECES COMMISSION

Frank G. Adllar

CHIEF CHOINES CLE-JYNE SECRETARY

January 24, 1951

BUSHETT J. ABROTT, ALBION BIOUSTRIAL BARAGEMENT GRO MECTOR OF MANCHETUME

Otsego Falls Paper Mills attention: L. H. Greene, President Otsego, Michigan

Goutiemen:

Enclosed is a copy of the notice of determination to the observation at its meeting yelthrough.

You will note that a hearing on the facts and proposed son union for 2:00 P.M., wednesday, warch ab, 1951, in the commission at 5.7 W. Ottawa street, Lansing. the priites di t e

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M. W. T. ٠ ٢ ٩

OTSING PAILS PAPER HILLS of Otsego

Before the

MATER RESOURCES CONTISSION

Cod.

# NOTICE OF DETER I ATION

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the for meyele or waste disjoint or the former of or waste disjoint tiochem c ox: ¿e dail. ) 18t 1. 3000 0.00 ď.

### Otsejo Falls Paper Mills - 2

(2) Requiring as an interim objective that all paper processin was test discharged directly to the waters of the state shall be so treated by coagulation and sedimentation on other equivalent makes as to reduce an eifluent containing not more than ten (10) points of suspended solids per ton of product, said restriction to be complied with an or before June 1, 1953, but the aid of facilities constructed from plans approved by the chief engineer of this Commission, provided that said clars be submitted to the office of the Commission for approval on or lefter April 1, 1952.

Fairing on the facts and projosed antibutinvolvel will be provided by this drawsing, meeting at its headquarters in Lausing of Wednesday, March 28, 1951, 1960 P.M., following which adoption of a fund in er will be considered.

From this notice of Peter Latina was authorized, following the center of this notice of Peter Latina was authorized, following the center of this notice of Peter Latina was authorized, following the center of this notice of Peter Latina was authorized.

The production was redopted to result the part of the Commission and in Theorem, Johnson 23, 1751, in recent room to the revision and the control of the con

### FDDSIT AT VOTICE:

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Glin P. 'com represent Marici, divise

Storic Warren D. at The ctimol Conservation

Irvan Mon's, tomos to Florid mission r

Georgia. Cintile, 20 to prector of Articulture

Victor C. Teresford, represent in Conservation Groups

Millou fe Claus-

# HILE DAPER COMPARY

July 18, 1950 Int Shift. Jay 18, 1950 2nd Saift Ind Shift July 18, 1950

100: Board Mill + Pulp Mill ( Muttal Surjulute)

Haste Konspresent: (Severs And veirs munbered from upstream to downstream).

Sewer No. 1 is a three inch pipe cutlet from the south end of the rock liquor blow tank located between the pulp mill and the mill roce. A wair box with a 1.0 foct rectangular metal edged weir (Veir No. 1) as built at this outlet.

Sewer No. 2 is a four anch pipe outlet from the north end of the same cook liquor blow tank as above. A weir box with a 1.0 foct rectangular metal edged weir (Weir No. 2) was built at this nitlet.

Sever No. 3 is a three foot concrete coursel located at the south end of the machine room basement. A 2.0 foot rectangular metal edged vier (Weir No. 3) was built in this channel.

Sever No. 4 is a 20 inch concrete channel located directly below the north line shaft from the old wheel house to the will. A 1.0 feet rectangular metal edged seir (Weir No. 4) was built in this channel.

Sawer ho. 5 is a 6 inch overhead pine thet discharges over the mill race directly in front of Sewer No. 4. It was not reasonably possible to measure this flow. The flow was estimated at half hour intervals.

### Hill Water Supply

Survey No. 3

Well water is used for process water except in the pulp mill where river water is used.

Capacio Falls: Parar Sugare Otsogo, Mighigan

### Field Courses

Sowers Nos. 1 and 2 discharge cook liquors from four ball type diges ors in the pulp mill. This is a neutral sulfite pulping operation.

Sewers Mos. 3 and 4 discharge white water from the machine room.

Sever No. 5 discharges white water overflow from a white water storage chest in the basement of the machine room.

### Survey Procedures

Recording head note a ware installed at all wiers to obtain a continuous record of the flow during the three curveys. The flow from Sever No. 5 was estimated at half he in intervals. A constant proportion sample was taken at veirs I and 2 each time a croker was blown from one compart of furith when survey.

Sample: ere taken proportional to the flow it veirs I and word jointly commented during each curvey. A count to reportion sample was taken at Sever No. 5 and commented during each curvey.

SURVEY "10. 1

July 13, 1950 - 1st Shift

Friducting:

46,825 1bs.

Flow:

0.0129 mg. No. 1 and ? Weirs

0.2917 mg. No. 3 and 4 Weirs

0.083 mg. Sever No. 5

0.3876 mg. Total

043063	Falls	Paper	Company
Otsago,	Mich:	i ann	

### Samole Analysis

	Nos. 1 & 2	Mcs. 3 & 4 Vaire	Sever Ma_ 1	River Inter
5-Day B.O.D.	29,257	950	327	8.4
Total Solids	149,800	4,463	1,666	376
Total Vol. Solids	8 <b>7,8</b> 90	2,830	998	167
Suspended Solids	1,100	8611	50?	11
Suspended Vol. Solids	1,010	740	2 <b>5</b> 8	9
₽≅	9.05	7.4	7.6	7.5

All values in p.p.m. except pH

### 3.0.D.

Nos. 1 and 2 lears (0.0129 2 S. 34 2 1., 59) = 3,151 15s.

 $R_{CS}$ . 3 and 5 Weirs (0.7017 x 8.35 x 950) = 0,310 lbs.

Service No. 5 (0.083 x 8.34 x 32?) = 226 lbs.

Alver other (0.0129 x 0.34 v 0.4) = \_\_\_\_ 1 lb.

Net Total to River

5,685

Pounds of B.O.D. Per Ton of Fraduct

(5,685 ♦ 46,825) x 2000 = ?43.0 150.

### Spenepart Solde

Hos. 1 and 2 Weirs  $(0.0129 \times 8.34 \times 1,100) = 119$  lbs.

Nos. 3 and 4 Veirs (0.2917 x 8.34 x 864) = 2,100 lbs.

Sever Wo. 5  $(0.083 \times 8.34 \times 302) = 209 \text{ lbs.}$ 

River Water (0.0129 x 8.34 x 11) = \_\_\_\_ 1 lbs.

Net Total to River

2,427 1de.

Pounds of Suspended Solids Per Ton of Product

(2,427 + 46,825) x 2000 = 103.8 lbs.

× 5674

Ciare Pells Sein Conservation Obsessor

### Surrended Volatile Solida

Hos. 1 and 2 Weirs  $(0.0129 \times 8.35 \times 1.050) = 212$  lbs.

Nos. 3 and 4 Years (0.2917 x 8.34 x 750) =1,800 lbs.

Sever No. 5 (0.083 x 8.34 x 258) == 179 lbs.

Aiver hater (0.0129 x 8.34 x 9) = \_\_\_\_ 1 1b.

Met Total to River

2,090 10s.

Pounds of Suspended Volatila Solids P r Ton of Product (2,790 + 46,825) x 2000 = 69.1 lts.

### Fibre Loss

[59.1 + (7000 x 0.95)] x 100 = 4.69\$

For a . tion Domivalent

(), \$25 + 0.16, ) = \_4,100 people per 5 hours

Lallon, fasto Por Bon of Product

1307,600 4 16,805) < ×000 = 16,500 Gallons

SURVEY BC. 2

July 18, 1950 - 2nd Shift

Production: 47.215 lbs.

Plox: 0.0117 mg. Nos. 1 and 2 Weirs

0.2525 mg. Hos. 3 and 4 Weirs

0.0912 mg. Sewer No. 5

0.3554 mg. Total

### Samla Analysis

	•	Yeira	Weire	Settled Yeste	Bed.	Sever Roes	Myer
5-Day B.O.D.	•	41,000		670			

1EN03548	N
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	Michigan,	ozc280
Aredirori	regist plat.	Costo.

### PIREOD ARETORNA STORES

•	Ho. 142	FLANT.	Settled Settled	१ विक्रो	Seres 2018	Total
abil-8 istor	000*227	44.5.4	947° <sup>4</sup>		093*1	326
Ebilos .lov latol	111,200	<b>09</b> 6 <b>°</b> 7	059*		41141	<b>29</b> °C
spilos popuedans	048	cos	07T	72.0	296	TT
Suspended Tol. Solids	908	: J.	323	2 <b>°69</b>	६८६	6
Fi	6.8	<b>5.</b> 7			۲.۲	2.5
abited attino tatos		<b>09</b> €				
of all a confer I.	Be great					

# \*897 5-119 et . - £18 / ZITU\*U) "EQT ( ' = (U\_U' (C.3 Silfing) said of bar in . المالية المالية

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\* FRT S'OLC = OCO. \* (STB'L) + 55 '5)

### हिंग्रावेड विकास तहाड

### = (TT = 76.8 × 7110.0) (0.0912 x 9.34 x 362) = 775 1da. SORET HO. S .edi 120,1 = (002 x 46.8 x 8383.0) exiew 4 has 8 .ee .edi 28 = (048 x 48.8 x 7110.0) suled 2 bas i .eh

1,407 23e.

I JP.

Pounds of Buspended Solids Per fon of Product

Het. Total to River:

(1°405 + 12,815) = 2000 = 58.8 128.

### Samppied Volatile Solida

Br. 1 and 2 Years (0.0117 = 8.3/ x 800) = 78 1b.

No. 3 and 4 Watrs (0.2525 x 8.3h x 40h) \* 850 lbs.

Sever No. 5  $(0.0912 \times 8.34 \times 308) = 234 \text{ lbs.}$ 

River Eater (0.0117 x 8.34 x 9) =

1 15.

Net Total to River

1.161 lbs.

Pounds of Suspended V latile Solids Fer In of Product (1,151 + .7,815) = 100 = 12.6 lbs.

### Pibre Loss

[12.6 + (1100 x 3.93)] - 201 = 3.32

### rountion arivaient

(3,458 + 1,137) = 33,010 copie tor " h ur.

### Gaile. spate Fer lan Prod ct

(355, 407 + 7, 15) / mmm = 11,500 Fuloms

SURVEY MC. 3

July 1 . 1950 - 3rd Snift

59,47° 1bs. Production:

0.0167 mg. No. 1 and 2 Weirs Ploys

0.2485 mg. No. 3 and 4 Weirs

0.0334 mg. Sever No. 5

0.3536 mg. Total

Ctrop Wills Form Senses

### Auspendent Tolaville Solide

Ho, 1 and 2 Veirs (C.0167 > 5.34 x 580) = 51 lbs.

No. 3 and 4 Veirs (0.2485 x 8.3/ x 416) = 860 lbs.

Sever No. 5 (0.08°4 x 8.34 x 288) = 213 lbs.

River Water (0.0167 x 8.34 x 9) = \_\_\_\_

1 16.

Not Total to River

1,153 ibs.

Pounds of Suspended Volatile Sollds Per fon Product

(1,153 + 59,470) = 2000 = 38.8 lbs.

### Pibre Loss

[38.8 + (2000 x 0.95)] x 100 = 2.046

### Form tion Equivalent

(6,981 + 0.167) = 41,800 people per 8 h ir.

### Gallons 'Aste Per Ten Product

(353,600 + 59,170) x 7000 = 11,500 @4 lons

### Surrery

	Survey Mo.1	Survey	No.3	Total
Production-Tons	3.41	73.72	~5 <b>.7</b> ':	77.06
Flow-Million Gallons	0.3876	* ^•3551	0.3536	1.0966
Lbs. of B.C.D. (Net)	5,685	6,458	6,981	19.124
Lbs. of B.O.D. Per Ton Prod.	,43.0	270.5	235.0	249.5
Ibs. of Dry Solids (Het)	2,427	1,407	1.359	5,193
Lbs. of Dry Solids Per fon Prod.	103.8	58.8	45.7	69. <del>4*</del>
Ds. of Vol. Solids (Het)	2,090	1,161	1,153	4,404
Ibs. of Vol. Solids Per Sha Fred.	89.1	<b>₺8.6</b>	38.8	58.8*
Gals. Weste For Ton Prod.	16,500	14,900	11,900	14,433
Fibre loss-Percent	4.69	2.56	2.04	3.16
Population Equivalent	34,100	- <b>36,800</b>	<b>41</b> ,890	114,700

\* Areroge of three surveys

S Print

H. Abbott

200

MEN03551

5/51-18

### OTSEGO FALLS PAPER MILLS

### Before the

### WATER RESOURCES JOIMISSION

### FINAL ORDER OF DETERMINATION

- WHEREAS, a notice of determination was adopted at the January 23, 1951 meeting of this commission, setting forth failure of the company to control its share of the pollution of the Emiamazoo River, which act, in combination with that of other mills of the area, has created the condition of acute stream pollution which this commission has the duty to correct; and
- was conveyed to the company along with the date of March 28, 1951 for a hearing on the facts and proposed action involved; and
- WHEREAS, said hearing was held at the appointed time and place with the company represented by D. H. Greene, President and R. J. Suess, Secretary, following which preparation of this form was authorized; now therefore BE IT RESOLVED, by this commission, meeting at Haven Hill Loage near Milford this
  - sixteenth day of May, 1951, that it is our final order of determination that
    - (1) The present daily use made of the waters of the state for sewage and waste disposal purposes by the company be declared to be nineteen thousand, one hundred (19,100) pounds of 5-day biochemical oxygen demand and five thousand, two hundred (5,200) pounds of suspended solids, subject to such variations in the company's customary operations as may result from national defense or war amergency conditions, the company's method of pulping and number of machines remaining unchanged;

Final Order - Otsego Falls Paper Mills - page two

(2) Requiring that all paper processing wastes discharged directly to the waters of the state shall be so treated by congulation and sedimentation or other equivalent means as to produce an effluent containing not more than ten (10) pounds of suspended solids per ton of product, this restriction to be complied with on or before June 1, 1954, with the aid of facilities constructed from plans approved by the chief engineer of this commission, provided that said plans be submitted to the office of the commission for approval on or before April 1, 1953.

Alopted by this	commission under	the provisions	of Act 245, Public	Acts of 1929,
as amended by Ac	t 117, Public Ac	ts of 1949, upo	n motion by	,
supported by		and	carried.	٠,

# STATE OF MICHIGAN. WATER RESOURCES COMMISSION

LECAL CONTROL : FRANK & MILLARD ATTOMIC GENERAL

MAY

MILTON P. ABAND SERVING SQUEEZARY LOUING P. NEMINE CHIEF ENGLESS MOREMAN ENLLINGS



STAPE CYPICES 827 W. OYTAWA 761. 8-1437

P. O. SOX ST LANSING 1, MICHIGAN

October 25, 1951

GLENN P MANE, LANSING, VICE-FRAIRMAN

SERALD E. EDGY

CHARLES M. TINGLER

CHARLES THEY

DIRECTAR OF AGRICULTURE

BURNETT J. ABBO'T. A.MON MINUTHAL MANAGEMENT GROUPS

LYKN F. BALDWIN, EATON AAPIDS CONSERVATION GROUPS

Otsego Falls Paper Mills Attention: Mr. D. H. Greene, President Otsego, Michigan

Gentlemen:

Enclosed is a copy of the final order of determination to the Utsego ralls raper mills that was adopted by the commission at its meeting at Haven Hill Lodge yesterday.

Bo action was taken with respect to the cissolved BOD problem at this time. The commussion did not indicate the this additional matter would be taken up with your company. You are aware of the significance of this additional loading, however, and every effort should be made to push the research now where way to a satisfactory conclusion. It is urged that any changes with respect to this part of your problem be-cleared with-our chief engineer, mr. Demine, before any major changes or expenditures are made.

Very truly ye

Executive Secretary

MOISCERAGO SECTIONES DELAW

Mrn:J

OMENO MALLS PARER MILLS, INC.

### Before the

### WATER RESOURCES CONSCISSION

### FINAL OFFICE OF DETERMINATION

- MHERMAS, a notice of determination was adopted at the January 23, 1951 meeting of this commission, setting forth failure of the company to control its share of the pollution of the Kalamazoo River, which act, in combination with that of other mills of the area, has created the condition of acute steam pollution which this commission has the duty to correct; and
- WHEREAS, the intention of this commission to consider the adoption of a two part order, details of which were set forth in the notice of determination, was conveyed to the company along with the date of March 28, 1951, for a hearing on the facts and proposed action involved; and
- WHIRAS, said hearing was held at the appointed time and place with the company represented by D. H. Greene, President and R. J. Suess, Secretary, following which preparation of this form was authorized; now therefore
- BE IT RESOLVED, by this commission, meeting at Haven Hill Lodge near Milford this
  24th day of October, 1951, that it is our final order of determination
  with respect to the Otsego Falls Paper Mills, Inc., a Michigan corporation,
  owning and operating a pulp and paper mill located in the City of Otsego,
  that:
  - (1) The present daily use made of the waters of the state for savage and waste disposal purposes by the company be declared to be nineteen thousand, one hundred (19,100) pounds of 5-day biochemical oxygen demand and five thousand, two hundred (5,200) pounds of suspended solids, subject to such variations in the company's customary operations as may result from national defense or war emergency conditions, the company's method of pulping and number of machines remaining unchanged; and

Final Order - Otsego Falls Paper Hills - page two

(2) Except as acceptioned may be deleyed by denial to the applicant of the necessary equipment or meterials by the controlling federal agency, all paper processing wastes discharged directly to the meters of the state shall be so treated by congulation and sedimentation or other equivalent means us to produce an efficient containing not more than ten (10) pounds of suspended solids per ton of product, this restriction to be complied with on or before June 1, 1950, with the sid of facilities constructed from plans approved by the chief engineer of this commission, provided that said plans be submitted to the office of the commission for approval on or before april 1, 1953.

Adopted by this commission under the provisions of Act 245, Public Acts of 1929,

as amended by Act 117. Public Acts of 1949, upon motion by Kr. McIntyre supported by Mr. Baldwin and maninously carried.

PRESENT AND VOTIEU:

Glann P. Manz, for Municipal Groups, Vice Chairman Acting Chairman Gerald B. Eddy, Director of Conservation Irving Ronk, for State Highway Commissioner George S. McIntyre, Deputy Director of Agriculture Willard F. Shephard, for Commissioner of Health Lynn P. Baldwin, for Conservation Groups

Lullant

Attest

# OTSEGO FALLS PARER MILLS. INC.

OTSEGO MICHIGAN

March 20, 1957

Water Resources Commission Whate of Michigan P. O. Box 87 Lansing, Michigan

Ref: Your Final Order of Determination of October 24, 1951
Gentlemen:

By re-piping our water and white water system, substituting use of paper processing waste water for frush water, we have eliminated the direct discharge to the river of the paper processing waters containing suspended solids; therefore, we feel we have gone beyond the requirements of your present order requiring submission of plan only.

Enclosed is blue print #231 which shows how all paper process water was brought to a single sump, and print #232 showing there this water is now being used, replacing use of fresh water.

Yours very truly, OTSEGO FALLS PAPER MILLS, INC.

President

Microsno ikim

5686

G

### STATE OF MICHIGAN

### WATER RESOURCES CONCESSION

### OFFICIAL TERRIFICATE

Lensing, Michigan December 3, 1953

I, Milton P. Adams, Executive Secretary of the Water Resources

Commission, successor to the Stream Control Commission, DO HENZEY CERTIFY

that annexed is a true copy of the Motice of Determination and Hearing

to the Otsego Falls Paper Mills, Incorporated, Otsego, that was adopted

by the Commission at its meeting on December 2, 1953, and that I have

carefully compared the said copy with the original thereof now on file

and of record in the office of said commissions, and that it is a correct

transcript therefrom and of the whole thereof.

Axecutive Secretary

Water Resources Commission

Lansing, Michigan

State of Nichigan

11/53-4

### WATER RESOURCES CONKISSION

Proceedings Against the OTSEGO FALLS
PAFER MILLS, INC., OTSEGO, MICHIGAN,
for Abatement of Pollution of the
Kalamasco River.

### NOTICE OF DETERMINATION AND HEARING

To: THE OTSEGO PALLS PAPER MILLS INC.

YOU ARE HELEBY NOTIFIED that the water Percurces Commission after due consideration of complaints received and investigations made, and pursuant to its decision in 1951 to initiate a progressive reduction of pollution of the Kalamazoo Eiver between the Village of Comstock and the City of Allegan, is of the opinion and has determined that the unrestricted discharge into the Kalamazoo River of wastes produced from the neutral sulphite semi-chemical pulping process at the Otsego Falls Paper Mills Inc., is a violation of the provisions of Act No. 245, Public Acts of 1929, as amended. The specific violation is as follows:

- 1. The neutral sulphite semi-chemical pulping operations conducted in conjunction with the manufacture of paper at the company's mill in Otsego, Michigan, produce wastes that are discharged without restriction to the Kalamazoo River, thereby polluting the waters of the Kalamazoo River with substances having oxygen-consuming and odor-producing properties.
- 2. The discharge of said substances from the pulping process in combination with waste discharges, having similar properties, from its paper manufacturing operations and from other industrial establishments, creates conditions of odor

Notice - 2 Ctrago Falls Paper Mills, Inc.

nuisance and oxygen depletion in the Ralamazoo Piver downstream from Otsego and within the City of Allegan and in the impoundment formed by the Allegan municipal dam on the Kalamazoo River.

3. The said conditions are injurious to the conducting of lawful occupations and destroy or injuriously affect fish and aquatic life or prevent the prowth or propagation thereof in the Kalamazoo River.

YAT ARE FURTHER NOTIFIED that the Commission has under consideration the continuous of the commission, is not a to the Kalamano Parer, either directly or indirectly of neutral of the sometical pulping pastes during the period from May 1 to Ontolar 1 of each to amounts so that the diversal of the Parer content of your total mill wastes as the content of the commission of Five-Day Reschemical Chygen Demand test for more than the object (25) points of Five-Day Brochemical Chygen Demand of farished paper recommed and not more than a total of two trousand (2,000) and of Five-Day Find emical Chygen Demand per day; and further requiring you to the discharge of said neutral sulphite semi-chemical rulping wastes during the remainder of the year to amounts so that the chygen-consuming content of your cottal mill wastes discharged to the Kalamanoo River shall be not more than Fourteen toolsani (1-000) pounds of Five-Day Bloc emical Chygen Demand pilday.

The above restrictions are to become effective on and after May 1, 195. and are to be accomplished with the aid of methods provided from plans approved by the thief engineer of the Commission. Said plans shall be submitted to the office of the formulation for approval or or before March 1, 1954.

TOU ARE FUTTHER NOTIFIED that a cearing on the facts and the above protosed will be provided you and held by the Commission at 10:00 a.m. January 28, 1954,

Notl 3 - 3 Onsego Falls Paper Mills, Inc.

Sit Falamasco. Michigan, following which consideration will be given to the adoption of a final Order of Determination for the abatement of the pollution above described. The siterasaid hearing provides you with the opportunity to present such evidence as you lesive bearing upon the matter.

The files and records of the Department of Conservation and the Water Resources massion pertaining to the aforesaid violation will be available for inspection prior in at the hearing. Evidence of said violation will be presented at the statutory manife.

PRESENT AND VOTING:

Lyo. F. Ballwan, for Conservation Groups. Continual Data Ball, Deputy Dilector of Agriculture Done d.M. Pierce, for State Health Commissioner Lyong Rout for State Highway Commissioner

Attest:,

Executive Secretary

# WATER RESOURCES COMMISSION

LEGAL COTTON

PREME S. MILLAND ATTOMICS GENERAL

STAPE

MILTON R. ADALIS
EXECUTIVE SECRETARY

LONGIO P. ORMINIO

MORNAN BILLINGS CENTY, EYDROLOGY DEVICES



STAIF OFFICES 417 W. Michigan TIEL 5-8144 Bat 676

P.O. BOX 87 LANSING 1, MICHIGAN

December 14, 1953

CONTRACTOR NAMED IN

DESCRIPTION OF CHARMAN

LYHN F. BALDWIN, M. RAPEDS, V. CHASHMAN CONSERVATION GROUPS

ALIERT E. HEUSTIS, M. D., ...ATE SEALTE CONCUSSIONES

CHAPLES M. AIRSLES

STATE MINITWAY COMMISSIONERS

GROWN F. LENDAM, MOGRESON

PRAFE M. SUMER, JR., COLOMA

HORGE & MC INTTRE ACTING DIRECTOR OF AGRICULTURE

Otsego Falls Paper Mills, Inc. Attention: Mr. D. H. Greene Otsego, Michigan

Gentlemen:

Following is an excerpt from the minutes of the meeting of the Commission on December 2, 1953, indicating the action taken following the conference relative to your problem:

"Otsego Falls Paper Mills, Inc.. Otsego: Commission discussed proposed Notice of Determination. Reduct of notice was prepared for consideration at the afternoon session. At the afternoon session, when the notice was presented for adoption, representatives of the company were present, at their request. (See record of conference.) At the conclusion, and following discussion of the company's statements, Mr. Ronk made a motion, supported by Mr. Pierce, that the Natice of Determination to the Otsego Falls Paper Mills, as revised at the morning session, be adopted. Motion unanimously carried."

A copy of the conference record will be forwarded to you as soon as it is ready for distribution.

Executive Secretary

WATER RESOURCES CONCESSION

MPA:J

State of Michigan

WATER RESOURCES CONGUISSION

Proceedings Against the OTSEGO FALLS PAPER :
NILLS, INC., OTSEGO, MICHIGAN, for Abatement :
of Pollution of the Kalamazoo River.

### STIPULATION FOR ALJOURNMENT OF HEARING

IT IS HEREET STIPULATED AND AGREED by and between the Otsego Falls Paper Mills, Inc., a Michigan Corporation, and the Water Resources Commission of the State of Michigan that the hearing on the facts and promosed action against the said company for abatement of pollution of the Kalamazoo River to adjourned from January 28, 1954, to the October 1955 Water Resources Commission meeting, for the purpose of permitting the Otsego Falls Paper Mills, Inc., to proceed with its proposed program of pollution abatement.

This stipulation is based upon the belief of the parties hereto that the action agreed to be taken by the said company is in the public interest as being reasonably calculated to give immediately a measure of control of pollution. However, it is recognized that additional knowledge gained by actual experience may demonstrate a need for changes or revisions in methods and procedures.

The said company agrees to control the discharge into the Kalamazoo River of wastes produced from the neutral sulphite semi-chemical process at

its Stouge, Michigan mill during one interim period in which ser hearing is adjourned in the following manner:

- I. During the period from June 1 to October 1 of each year of said pariod, the company will dispose of or cause to be disposed of for each day of production, an average of 20,000 gallons of neutral sulphite semi-chemical pulping waster by hauling with tank trucks or by some other method and will not discharge same to the Kalamazoo River or other waters of the state directly or indirectly.
- II. In addition, during the period from June 1 to October 1 of each year of said period, the company will, in a manner designed not to create a muisance, store in a pond owned by it or in some other way keep out of the Kalamazoo River a total of 2,500,000 gallons of neutral sulphite semi-chemical pulping wastes produced by it. The said wastes so kept out of the Kalamazoo River may be discharged therein from February 1 to May 1 at such times and rates as may be approved by the chief engineer of the Water Resources Commission.
- III. During the period from June 1 to October 1 of each year of said period, in any event, the company shall not discharge directly or indirectly into the Zalamazoo River in any 24-hour period more than 12,000 gallons of neutral sulphite semi-chemical pulping wastes.
- IV. During the period from June 1 to October 1 of each year in said period wherever the flow in the Kalamazoo River, as measured at the United States Geological Survey gage at Comstock, Michigan, is below 400 c.f.s., the company shall not discharge any of its neutral sulphite semi-chemical pulping wastes into the Kalamazoo River.

V. The said company shall keep adequate records should be amounts of neutral sulphite semi-chemical pulping wastes disposed of by it pursuant to the provisions of paragraphs I. II and III of this stipulation and shall make and file a report thereof at least once each month with the Water Resources Commission.

This stipulation is entered into by the parties hereto without prejudice and does not constitute an admission of facts or law by either party. Each party hereto reserves the right to terminate this agreement as of December 31, 1954, by giving written notice thereof to the opposite party on or before such date of termination, in which event the said adjourned hearing will be scheduled for January 1955, or a subsequent date on twenty (20) days notice thereof being given by the Water Resources Commission to the said company.

Roman J. Sues	ss, Pre	sident	<del></del> ;	<del></del>
TER RESCURCES	COMMIS	SSIOS		
Gerald E. Edd	y, Chai	rman		
Milton P. Ada	-	~-	£.	ŗ

OTSEGO FALLS PAPER MILLS, INC.

Dated: Jamery \_\_\_\_, 1954 Ealamasoo, Michigan

### STATE OF MICHIGAN

### WATER RESOURCES COMMISSION

- GLASSON WINCAMS BOYESTOR -

LEGAL COUNSEL

THOMAS M. KAVANAGH Attorney General

STAFF

MILTON P. ADAMS Executive Secretary

LORING P. OEMING Chief Engineer

NCRMAN BILLINGS
Chief, Hydrology Division



STAFF OFFICES 417 W. Michigan THL. 5-8144, Ext. 676

P. O. BOX 87 LANSING 1, MICHIGAN

Cctober 5, 1955

COMMISSION

GERA' P EDOY, CRAIMAN

LYNN F. BALDWIN, B. RAPES, V. CHARMAN Conservation Offices

ALBERT R. HEUSTIS, M. D.

CHARJES M. ZIBGLER
State Highway Commissioner

GEORGE a. McINTYRE Director of Agriculture

GEORGE F. LIDD'S, Muscaus. Musicina, Groune

minocian mode

BANK M. BURER, JR., COLORGA

Otsego Falls Paper Mills, Inc. Attention: Mr. G. A. McConney, Secretary Otsego, Michigan

Gentlemen:

Report was made by staff of your very excellent record of the last two years with respect to handling your pulp liquor. This was made at last week's meeting of the Commission, as indicated by the following paragraph from the minutes of the meeting:

"Otsego Falls Paper Mills, Inc: Staff report of waste disposal operations, dated Sentember 28, 1955, was presented and copies distributed to members. Yompany performance during 195% and 1955 has been superior to that agreed to in the stipulation, under authority of which hearing was adjourned until October 1955. After discussion of possible courses of action, Mr. Bonk made a motion, supported by Mr. Baldwin, that a recommendation as to disposition of the matter be made at the October meeting, after conference between the company, Commission staff and counsel. Motion unanimously carried."

As a result of the action taken I am sure that Mr. Oeming and Floren a Clement will be able, on a few days' notice, to arrange a conference with you. This should be held prior to the next meeting of the commission, scheduled for October 26.

Milton P. Adams

Executive Secretary

WATER RESCURCES CONSISSION

MPA ..I

# STATE OF MICHGAN WATER RESCURCES COMMUSSION

JOHN & SWAINSON, GOVERNOR



17/FF OFFICES 170 Will Street BL N-S-FIAL BL 470

STATION B LANSING 13, MICHIGAN

June 26, 1961

LEGAL COUNSEL PAUL L ADAMS AT JULY SAME

STAFF
MILTON P NAMES
fraction Sensors
LORING F ORMING
Gd Begroon
NORMAN NILLINGS
TO John L DESMOND

Otsego Falls Paper Mills Otsego Michigan

Attention: Mr. George A. McConney, Secretary

Gentlemen:

GEORGE S. McM/YRE Decider of Agreement CARL E. SCHULTZ., St. J

LYNN F BALDWIN, Eaton &

At its meeting in Lansing, June 22, 1961, the Water Resources Commission adopted the attached Notice of Determination and Hearing against the Otsego Fa'ls Paper Mills, Division of Menasha Wooden Ware Corporation, Otsego, Michigan. The Notice will be found to contain the terms of the proposed Order on thich hearing will be held at Lansing. Michigan on July 26, 1961. The proposed date, time and place as stated in the Order will stand unless you are otherwise notified

The Commission is prepared to rescind the Notice of Determination and cancel the hearing on the proposed Order if the stipulation discussed with you by our staff members is executed by your company in a for acceptable to the Commission, and filed with this office prior to the hearing date.

Very truly yours,

Militon P. Adams
Frecutive Socratar,

LFO:S

cc--Mr. Ralph Purdy

# STATE OF MICHIGAN NATER RESOURCES COMMISSION

Proceedings Against the OTSEGO FALLS:

PAFER MILLS, DIVISION OF MENASHA WOODEN:

WARE CORPORATION, a Wisconsin Corporation, OTSEGO, MICHIGAN for Abatement:

of Pollution of KALAMAZOO RIVER:

### NOTICE OF DETERMINATION AND HEARING

TO: OTSEGO FALLS PAPER MILLS, DIVISION OF MENASHA WOODEN WARE CORPORATION,
OTSEGO, MICHIGAN

viol are Hereby Notified that the Water Resources Commission, after due consideration of complaints received and of investigations made, is of the opinion and has determined that you are violating the provisions of Act 245, Public Acts of 1929, as amended, in that you have failed and are failing to control the polluting content of wastes discharged by you or permitted by you to be discharged to the Kalamazoo River from your pulp and paper mill located in the City of Otsego, Michigan, which act creates in Kalamazoo River conditions of public nuisance, conditions whereby fish or aquatic life may be destroyed or the growth or propagation thereof be presented or injuriously affected and conditions which injuriously affect the conducting of lawful congestions involving the use of the said waters for industrial enterprises. The specific violations are as follows:

- 1. The Otsego Falls Paper Mills, Division of Menasha Wooden Ware Corporation discharges or permits to be discharged inadequately treated process wastes from its Otsego pulp and paper mill into the Kalamazco River.
- 2. The said inadequately treated industrial process wastes contain organic oxygen consuming substances in solution and suspension which in combination with wastes of the same nature discharged from other sources cause depletion or exhaustion of oxygen dissolved in said river waters thereby creating conditions of gross nuisance offensive to sight and smell, conditions injurious to the conducting of the lawful occupation of paper making and conditions whereby fish or aquatic

OTSEGO FALLS PAPER MILLS NOTICE-OF DETERMINATION AND HEARING Page 2

life is destroyed or the growth or propagation thereof is prevented or injuriously affected.

YOU ARE FURTHER NOTIFIED that to abate the pollution of Kalamazco River the Commission has under consideration the adoption of a Final Order of Determination requiring you to comply with the following conditions and restrictions:

- i Commencing October 1, 1964 and continuing thereafter:
  - a. Restrict the content of oxygen consuming substances, as measured by the 5-day biochemical oxygen demand, in all wastes discharged to the Kalamazoo River from your Company's pulp and paper manufacturing operations to 7,375 pounds daily.
  - b Continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1951.
- All facilities necessary to meet the terms of paragraph I (a) hereof shall be designed constructed and operated in accordance with the following schedule:
  - on or before February, 1, 1962, its facilities are toobe provided for treatment jointly with other companies or with a governmental unit, the Company shall certify to the Commission that an engineering firm acceptable to all parties to the joint venture has been engaged with authority to proceed with the preparation of complete construction plans and specifications for the project.
  - b. On or before October 1, 1962, the Company shall certify to the Commission that approval of construction plans for facilities, by which it will, acting either independently, jointly with other companies, or with a governmental unit, restrict its waste leading to 7,375 pounds of 5-day biochemical oxygen demand per day, has been obtained from:
    - The State Health Commissioner for the necessary facilities to treat mill wastes in combination with municipal sewage; or
    - (2) the Chief Engineer of the Commission for the necessary facilities to treat mill wastes independently or in combination with mill wastes of other companies.
  - on or before March 1, 1963, the Company shall commence or cause to be commenced construction of the aforesaid facilities in accordance with the approved construction plans.

OTSEGO FALLS PAPER MILLS NUTICE OF DETERMINATION AND HEARING Page 3

- d. On or before September 1, 1984, the Company shall complete or cause to be completed the construction of facilities in accordance with plans previously approved by the State Health Commissioner or the Chief Engineer of the Commission and shall place said facilities in operation.
- Failure to meet timely any requirement of the proposed Final Order shall constitute a default of the entire Order.

YOU ARE FURTHER NOTIFIED that a hearing on the facts and above proposed Order will be provided you and held by the Commission at 10:30 a.m., July 26, 1961, in Room 133, Stevens T. Mason Building at Lansing, Michigan, following which consideration will be given to the adoption of a Final Order of Determination for abatement of the pollution herein described. At the aforesaid hearing, evidence of said violation will be presented and you will be provided the opportunity to present such evidence as you desire bearing on the matter. The files and records of the Water Resources Commission pertaining to the aforesaid violation will be available to you for inspection prior to or at the hearing.

This Notice was adopted at the June 22, 1961 meeting of the Commission in accordance with the provisions of Act 245, Public Acts of 1929, as amended by Act 117, Public Acts of 1949, on motion by Mr. Ronk, supported by Mr. McIntyre, and unanimously carried.

#### PRESENT AND VOTING:

Albert E. Heustis, M.D., State Health Commissioner, Chairman Gerald E. Eddy, Director of Conservation George S. McIntyre, Director of Agriculture Irving Ronk, for State Highway Commissioner

#### STATE OF MICHIGAE

#### WATER RESCURLES COMMISSION

OTSEGO FALLS PAPER MILLS, LIVISION OF MEMBARA VOCODES WARE CORPORATION, STIPULATION

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#### PROTECT OXYGEN RESOURCES

of the

#### KALAKAZOO RIVIR

VHEREAS, the Vater Mesources Commission, by resolution adopted on April 27, 1961, has established the pro-rate shares of allowable use of Eslamazuo Piver for disposal of organic crygen consuming wastes by paper companies in the Kalamazoo, Parchaent, Plainveil, and Otsego area and a time schedule for performance of steps to be taken by the several companies to attain their respective pro-rate shares; and

VHIRRAS, the promate share of allowable use allocated to the Company and the performence time schedule sought by the Water Resources Commission are acceptable to the Otogo Falls Paper Hills, Ilvinion of Menasha Wooden Ware Corporation.

IT IS HEREBY STIPULATED AND AGREED by and between the Otsego Falls Paper Hill, Division of Menasha Wooden Ware Corporation, a Wisconsin Corporation, hereinafter referred to as the Commany, and the Water Resources Commission of the State of Michigan, hereinafter referred to as the Commission, as follows:

The Company agrees that.

AND THE PROPERTY OF THE PROPERTY OF THE PART

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以 可表现的 1. 社会中国国际的基础的数据 由的语言的形式的是

- Commencing October 1, 1960 and continuing thereafter, it will:
  - a. Restrict the content of oxygen consuming substances, as measured by the Siday bischemical oxygen werend, in all wastes discharged to the Released River from its seper admiranceuring operations to 7375 pounds daily or to such larger amount at such times as may be prescribed by the Chief Engineer of the Commission.
  - b. Continue to meet the requirements of the Final Order of Determination adopted by the Commission on October 24, 1951.

- terms of paragraph 1 (a) her; will be designed, constructed and operated in accordance with the following schedule:
  - a. On or before July 1, 1961, where facilities are to be provided for treatment jointly with other companies or with a governmented unit, the Company will certify to the Commission that an engineering firm ecceptable to all parties to the joint venture has been engaged with authority to proceed with the development of design for the project.
  - b. On or before February 1, 1962, where facilities are to be provided for streatment jointly with other companies or with a governmental unit, the Company will certify to the Commission that an engineering firm acceptable to all parties to the joint venture has been engaged with authority to proceed with the preparation of complete construction plans and specifications for the project.
  - c. On er befare October 1, 1962, the Commany will cartify to the Commission that approval of construction plans for facilities, by which it will, acting either independently, jointly with other communies, or with a governmental unit, restrict its waste leading to 7375 peands of 5-day bischemical oxygen demand per day, has been obtained from:
    - (1) The State Realth Commissioner for the necessary facilities to trest will wastes in combination with municipal sewage; or
    - (8) The Chief Engineer of the Commission for the necessary facilities to treat mill wastes independently or in combination with mill wastes of other companies.
  - d. On or before March 1, 1963, the Commany

will commone or cause to be commonced construction of the eformatid facilities in adsordance with the approved construction 'lans.

- e. On or before september 1, 1960, the Company will complete or cause to be completed the construction of facilities in accordance with plans proviously approved by the State Soulth Commissioner or the Chief Engineer of the Commission and will place said facilities in operation.
- It is further mutually agreed that, in the event the Company (ails to meet camely any provisions of this stipulation, the Commission may, fellowing notice to the Common of such default, declare this stipulation to be remained and way enter without further Source or Rearing a Firma Order of Determination requiring compliance with the uncombeted terms of the stipulation.

Signatures of the Charman and Sincitive Secretary of the Water Assources Commission work authorized to author of the Commission 68 a meeting noted on

## STATE OF MICHIGAN WATER RESOURCES COMMISSION OFFICIAL CERTIFICATE

Lansing, Michigan June 29, 1961

tion P. Adams, Executive Secretary of the water Resources Compission error the Stream Control Compission, DC HEREBY CERTIFY that arreser is a line so in the Notice of Determination and Hearing to the Otsego Falls Paper in 2 sion of Menasha Wooden Ware Corporation, Otsego, Nichigan, which was rated at the Vater Resources Commission on June 22, 1961

is them, have carefully compared the said compared the cris has increor now a service record in the office of said commissions, and that it is a correct as an attractor and of the whole thereof.

Executive Secretar

water Resources Commiss on Lansing, Michigan

#### STATE OF MICHIGAN

#### WATER RESUURCES COMMISSION

Proceedings Against the OTSEGO FALLS :

PAPER Mills, Division OF MENASHA WOODEN:

WARE CORPORATION a Wisconsin Corporation. OTSEGO Michigan for Abatement :

Polition of KALAMAZOO RIVER :

#### NOTICE OF DETERMINATION AND HEARING

- TO STREET FALLS PAPER MILLS, DIV'SLOW OF MENASHA WOODEN HARE CORPORATION OF SEGO, MICHIGAN
- \*20 ARE HEREBY NOT FIED that the Water Resources Commission lafturate promission of complaints necelved and of in Estigations made in an invariant of April 245 Public Acts of 1929, as amended in that you have falled and are insimily to control the polituing content of Wastes discharged by your perhitting by would be discharged to the Kalamazoo River from your public and paper mill located in the Cirk of Otsego. Him gain which is act organes in Karamazoo River conditions of public you wanted that one programs of which act one programs of acts are applied to the destroyed on the prowing or propagation whereon delplacented on in unique lafteched and until hims which injuriously affect the conducting of Payful occupations involving the use of the sayd waters for industrial enterprises. The specific clanding are as notices.
  - The Orsego Pally Paper Mills. Division of Menasha Wooden wale or other or discharge our permits to be discharged laded, atsix treated process washes fire into Otsego ou pland paper mills to the Kalamadoo River.
  - The said inadequately it eated industrial process wastes on a notegor of exygen outsuring substances in polar or and suspension in one of complication with wastes of the same nature disutanged from other sources cause deplet of or exhaustion of oxygen dispolated it said niver waters thereby oreating conditions in our of processing of the lower full congestion of paper making and conditions whereby if ships aquation

OTSEGO FALLS PAPER MILLS NOTICE OF DETERMINATION AND HEARING Page 2

life is destroyed on the growth or propagation thereof is presented or injuriously affected.

YOU ARE FURTHER NOTIFIED that to abate the pollution of Kalamazoo River the Commission has under consideration the adoption of a Final Order of Determination requiring you to comply with the notice inglicing and restrictions:

- 1 Commencing October 1, 1964 and continuing thereafter
  - a. Restrict the content of oxygen consuming substances has measured by the 5-day blochem call oxygen demand in a likestes discharged to the Kalamazop River from your Companits build and paper hard-factuing operations to 7,375 bounds be
  - c Continue to meet the rwo. mements of the File Order of Determ nation adopted by the Commission of Colors 24 195
- All facilities recessar inditest the terms of paragraph (in a) erect shall be designed considered and operated in accordance with mentillowing schodule.
  - a On or before Filtuary 1962 of fact they are no neighborhow wided for theathert joint www.thiothelicondanies on with a gole for mental unit, the Company shall cent fy to the Compassion than an engineering film acceptable to all parties no the preparation of complete constriction on a siand specifications for the project.
  - Donor before October 1. 962 the Company shall cent full the Commission of the approximation of the construction bias for hace the tylknich toximisecting either independents. Continuous control companies is the approximation of the companies is the approximation of the companies in the proximation of the companies is the proximation of the companies of the control of the company of the control
    - (1) The State Health Commissioner for the necessary facilities to treat mill vastes in combination with muricipal sewace of
    - (2) the Chief Erg. Berich the Commission for the necessary facilities to treat Trill wastes independently on in compliant on with mixil wastes of other companies.
  - c. On or deform Marc. 1, 1963, the Company shall commerce or called to be commerced to struction of the aforesald facilities or acconducte with the approved construct on plans.

OTSEGO FALLS PAPER HILLS NOTICE OF DETERMINATION AND HEARING Page 3

- d. On or before September 1, 1964, the Company shall complete or cause to be completed the construction of rac littles in accordance with plans previously approved by the State health Commission er or the Chief Engineer of the Commission and shall place said facilities in operation
- Failure to meet timely any requirement of the proposed final Order shall constitute a default of the entire Order
- \*GU ARE FURTHER NOT!FIED that a hearing on the facts and above proposed Order will be provided you and held by the Commission at 10:30 to military 25.

  1961, in Room 133, Stevens Til Mason Building at Carsing iM on gan, following which consideration will be given to the adopt of of a Final Order of Determination for abatement of the policition here in peson bed. At the aforesaid hearing iew denie of said wich at on will be presented and you will be provided the opportunity to present such as dence as you desire bearing on the matter. The files and records of the Water Resources Commission pentaining to the aforesaid will be available to you for inspection prior to on at the hearing.

This Notice was adopted at the Julia 22 961 meeting of the Cormission in accordance with the provisions of Act 2-5. Public Acts of 1929, as amended by Act 117. Public Acts of 1949, or motion by Mr. Ronk, suppliced by Mr. Mointyre, and unanymously carried

#### PRESENT AND VOTING.

Albert E. Heust s. M.D. Stale Health Commissioner: Chairman Gerald E. Eddy. Director of Ponservation George S. McIntyre. Director of Agriculture. Firving Ronk, for State mighway Commissioner.

# State of Michigan

Water Resources Commission

J. v. f. Pr.

Statement of OTSEGO PAPERBOARD DIVISION, MENASSA CERPORATION, regarding a new use of GROWN WATERS of the State of Michigan waste disposal purposes

Hearing Commissioner's
Report and Recommendations '''
a Final Order of Determination

The Charge Paperboard Division of Menasha Corporation, at Otsego, Michigan, fired a whiten the Water Resources Commission, describing a prothective can the haters of the state for disposal of spent ould mill wastes to the underground of the fixed for the fixed of SE & of Sec. Two Tild R. (Otsego, Twoning)

Telling the Hearings Commissions, at the legalar meeting on May 23, 1963, artsiental mesching the Hearings Commissioner, appointed by the Commission to schedule a out it in the Munasho Comporation as bossible and present his recommence. In the first the component of the line of the service of the line of the service at its bully meeting.

I date for the public hearing were fixed by the wearing stocks the color of the out of the call in C\$: . 7. abiter bre

re subject matter of the hearing: Building, Allegan, Michigan, At the heart Jure 24, 1963 At the hearing, appearances were ב מרום 31 TO SE 31.7 

M to gar Water Resource Commission M to gar Department of Health M to gar Department of Convervation Menous Corporation
To corporation
To cogo
Eugene M Baker Otsego, Michigan
Dalid L Wichols, Otsego, Michigan
Dalid L Wichols, Otsego, Michigan

The segunding of the hearing, it was noted that the hearing has being contucing at the largest tool adopted by the Warer Resources Commission to this has appointed to take evidence and hear termony in this has have need a control of outlies, were notice of the hearing the fact that notice of the hearing has not during the fact that notice of the hearing has not during the fact that notice of the hearing has not during the fact that notice of the hearing has not during the office of the notice of the hearing has been as the office of the notic

that in that capacity, he was responsible for the pollution abatement field that in that capacity, he was responsible for the pollution abatement field in the copy of the upper namingula and a twenty-six county area located in the politic property of the politic property area located in the politic property of the upper namingula and a twenty-six county area located in the politic property of the upper panelocated by the first panelocated in the property of the upper panelocated by the property of the upper panelocated that the waste of the upper panelocated by the property of the panelocated that the panelocat

() () noted here that this proceeding involves the Otsego Paperboard Division of

tealing Commissioner Report in Menacha Colouration Page 2.

Menker Approxition, it will be shown in the record that this company and its also predecessors, has been a party to several proceedings before the Water Resources as a sign over a period of several years. During this period the corporate structure has been changed several time, and prior proceedings have involved Utsego Falls Paper Mills, Inc., Otsego Falls Paper Mills, Division of Menasha Woodenware Corporation, and now Otsego Paperboarn Dissipance entities and no attempt is made to relate any particular Order or Stipulation entered by the lower scien to any particular corporate entity. Throughout this report, the corporation and a predecessor corporate entities, will be referred to as the forms.

- Mr. Courchaine testified that in 1951, the Commission adopted an Order setting entrictions the suspended solids in the waste discharges from the Company, which are in record 12 to the condition of paper produced. He stated further that in 1954, the Company entered in 1955 to the condition of the Commission, setting forth certain methods of handling the pulp in wastes, and that 1961 another Stipulation was entered into, setting restrictions on the oxygen curry of substances discharged by the entire mill.
- M. Churchaine also stated that the 1961 Stipula comman entertive not all a component members also set limits on the five day 8.0.0 into the future. He stated has the Stipun compaquired that by June 1, 1966, the five day 8.0.0 from the entire house of the mited of 375 bs. of five day 8.0.0, per day

The Final Order of Determination adopted by the water Residues Commission. Outober 04. The determination dated January 28. 95% and the Stipulation dated Jan

- Milliochaine stated that he was also familiar in the statement in each incleased sequence of the state for waste disposal purposes recont in the distribution of the committee of the statement, in the form of a letter dated form 0. 1301 relating to a new use attack or the state for waste disposal purpoles, signed of the 0.4 Molivies. Administrative of intende tiny the Combany, together with the attracted sheet of oits once in dipulping a color as and the engineering report prepared for the Intended to the United Associates a marked as hearings Exhibit #3 and offered in extended to so on this attracted to the statement of new uses was a sheet stroke of a little of the statement of new uses was a sheet stroke of as it as a 300 as attracted to the statement of new uses was a sheet stroke of as it as a 300 as attracted as year, would be 10,000 gallons be interesting as of it is as the
- Tourchaine then explained that, on the basis of the statement of new load is waters and ner data submitted, it was apparent that the Company under ablied to replace two disposes not apparent has a third lew machine of greater capacity and also proposed to dispose in old millioguor assess to some stringation on an eighty acre parcel of land intered norm and east of the paper is poperly. He stated that the proposal for waste disposal in any include herely the includes a poperly. He stated that the proposal for waste disposal in any include herely the includes a paper with would result from the expansion of the Dispany is productive hazavity, but maked any of exercise subject to control by the Commission through the Order and Stipulations are presently acressed and this matter. This would mean that other present methods of waste is a capacity in some proposed of the posterior of the wastes which is not a sociate of the respect of comme, fieldly. He stated that at present the waste which is not a sociate of the latter controlled conditions at certain times of the year. These conditions are set forth in the 1954 Stipulation referred to above.
- He Courchaine testified that it would not be feasible for the company in expand its facilities and dispose of its increased waste matchials by the methods presently being employed and still remain within the limitations of the Order and Stipulations now in force, we stated that if the productive capacity is expanded, it would be necessary in find some other method of disposal of the pulp mill wastes.

A map of the Otsego area showing—the location of the provised disposal kine and its relativiship to the Company's facilities, the boundaries of the City of Otsego, the water well-sused by the City of Otsego, and other locations of importance in this matter, was marked as Exhibit #4, offered in evidence, and is on file at the offices of the Commission.

Mearing Commissioner Report Menasha Corporation Page 3.

Mr. Courchaine stated that this map had been prepared in the Committy of strice in Lansing by a member of the Commission's stair under his gamera' super ising ... on reference to the map, he pointed out the Otsego city limits, the location of the pac-Company's water well, the location of several city water wells, and the eighty acro-site which the Company proposed to use for spiral disposal ourposes. He also pointed out that there were approximately eighteen private dwellings with individual private water wells located to the south of the eighty acre parcel of land. These wells varied in depth from eighteen to fortytwo feat, with the exception of one well which had a depth of 128 feat. He pointed in the the Kalamazoo River flowed through the city in a westerly direction and that one of the Stsego city water wells, number 3, was located south on the Kalamazoo River and well's 1 and 2 were located morth of the River. He noted that city wells numbers 1 and 2 were located between the proposed eighty acre disposal site and the Company property, and also between the disposal site and the Company well. At this point, the Hearings Commissioner pointed out that on the exhibit the property referred to as the paper mill property was not specifically shown, but that it was north of the Kalamazoo River and south of the New York Central Railroad Tracks and west at Farmer Street. Most of the other locations referred to by Mr. Courchaine were specifically labeled and marked on the map, with the exception of the private residences south of the disposal area, which were merely snown on the map as small black squares

(Subsequently, Mr. McConney pointed nut that the map of the Orsego area, chibit = nac a slight error in that it indicated there was a substantial distance between the eastern bits boundary of the City of Otseyo and the western boundar, of the eights acre parcel procesed at the disposal site. Mr. McConney stated that the fastants boundars in the City of Otseyo and the westerly boundary of the eights acre site were exactly the same

Mr. Courchaine stated that the company's proposal to dispose of its waster on the eights acre tract had caused certain problems to arise hetween the Company and the City of Green is stated that the former city manager of Otsego, at the time the Company's proposal was time; made, had expressed concern to the Water Resources Commission for the safety and preservation of the water quality of city walls number—and 2. Mr. Courchaine also stated that Mr. Lan 2 merman, Sanitarian for the Allegan County Hualth Department, had also expressed concern to the safety of the city wells, and the Michigan Department of mealth had also indicate. The for the safety of the city's water supply.

Mr. Courchaine tostified further that it was generally his feeling that the flow of ground waters in this area would be to the south, except as it in ght delaffacter by the hoers of the Company and city wells, and there was at least some possibility of tontahination of the wells at the private dwellings on the south. He stated that ias far as he knew, hone of those home owners had expressed their concern as yet.

Mr. Courchaine stated that city wells number 1 and 2 are applicationally 100 feet one of and are not operated regularly humonly on a standby basis to provide water during be lock to peak demand. He could not testify concerning the times the wells were operated on the often

He testified that since the filing of the new use statement to the Indone, the email is some discussion between the Company and the City of Otsago. It was his understanding that the Iompan, and the city had considered the possibility of abandation to well suppose I and I and producing a new source of water for the rity, south of the control of the city and the city wells. He stated that as far as he knew, the Iompany and the city presumably for financial reasons, could not agree on the proposal for abandoning city wells number I and I and providing a new source of supply for the city. With respect to the proposal for an interceptor well or wells, he stated that he did not know where these would be constructed and he assumed that a study would have to be made. He thought possibly the wells much be located on the highty acre disposal size or outside of that location. He did state that it was his understanding that the interceptor well or wells would definitely be located between the eighty acre disposal size and the city wells.

Mr. Courchaine testified further that he was familian with the report submiries to he Company by W. G. Keck & Associates, and also that copies of the Keck report had been supplied to Mr. Johnson, Water Resources Geologist with the Geological Survey Division of the Conservation Department, and to the Michigan Department of Health, and that both were failiar with its contents.

en Report was an end on end

Model ge McConney, Administrative Superintendent of others reperbold by A and was sworn as a witness on behalf of the Company, and to tified that the maraposing the spray disposal arrangement was based on their desire is their their clearity he testified that they had two extremely old paper making machine. In the mill and the name built in the 1880's. That these muchines were imetricie thand needed requileas adement, preferably replacement. If the machines are replaced, they should be rein a modern machine which will make the Company competitive in the current market a despand their productive capacity and force them to find a method for disposition saste products. Hr McConney testified that even in the Company open of Asiana they will have an extremely serious problem after the 1961 Stipular at the termination of the serious problem. To come effective in 1966. He stated that at the present fire use income to he Commission, the Company disposes of a price part of its waite - se the scale of the company disposes of the first section of the control of the cont on, however, effective in 1966, there will be some question and her their con--. It is scharge any part of their waster into the rive . At least on the face of The would have to dispose of 100% of their wastes eiseshere than the river line at d The making known means of accomplishing this then have a second to have the second to hav \* . - tan and had been done with complete success us har as he knew

will the start of ear further that when the Company devices that wo as a solution of the land to see whether it would indicate the start of another would usually and the reason of the question came up as to whether disposal to the another would usually and the party. To invest gate this, ledicates the shape of the party of that report whether are all as a solution of the control

• We decompose out that the disposal area which the compose, say fater in the way in a compose series of the compose series of th

The action of their wastes as road binder. He is acting at present approximately action of their wastes as road binder. He is acting at present approximately as road binder, and acting the proposed in the acting the proposed in the acting the action with a machine the acting

The good testified that if the Company's proposed was approved all the company's proposed was approved as the company and the company would be disposed to the earth acre in the disposal into the Kalamazoo River would be impletely a stand over me disposal into the Kalamazoo River would be impletely a stand over me disposal into the Kalamazoo River would be impletely a stand over the company would hope that if some of the was excluded by a permitted to do this many adverse effect to the river, they would still hope to be permitted to do this

McT revitestified further that the findany had negotiated with the city concerning the magnin of operation of city wells not on I and 2 mentated that the Company had to make a primade the city had in mind eventual replacement of these wells, which were athe micro case the Company was going to be involved in making substant a insuend tures to invercent wells, which might conceivably produce nothing of valie to anyone, other dationary to the city, which might enable the city to improve their wife of court of the city, which might enable the city to improve their wife of court of the city, which might enable the city to improve their wife of court of the city discussions, however, the Company concluded that the city was in its enabled in making a change as the Company had been led to believe, and the crice quoted to

Hearing Commissioner Report Menasha Corporation Page 5.

the Company by the city for the replacement of the wells appeared to immorpy to be insiderably beyond the value of the wells and prohibitive from the provider or the Company

Mr. McConney stated that since the filling of the new use statement with the Commission. Neck and his associates had performed turner studies for the immore relating to the construction of interceptor wells, but he would prefer to have Dr. Archievalain that have

Dr. William G. Keck was sworn as a witness on behalf of the Compa, and test treet has he was a Geophysicist, was self-employed as a ground water constituant and control of the original of Keck & Associates. Dr. Keck stared historie had been entrol of the original of them, and that a copy of his reducember entrol of them, so that a copy of his reducember entrol of the stated that when the Company cane of his head one explored where exploring suggestion he had made earlier than in halter of his head of the copy of the property of the use of the copy of the self-of that this report, in effect, called attention to the react that the present of the department of the capacity of the recepting we like with revail of the means. While For this reason, it was his concil one that the wastes that the present of the means while the Company well. He stared that his had be obtained from the capacity of the copy of the c

Can keek restiff en hat in his cloud in he had in the had in the had in the had in the had in his cloud in has the had in his cloud in had in the had in his cloud in had in the had in the high should be an entire to the heat he as the line with the contract of the heat he as the his cloud in the had in the drividown at the had in the drividown at the had in the

On Keck reconfigured and are in the configuration the the graph of the tell the Stated on all he purpor self in elit the third condition of the same of the self of the se sizabled a cone of depression which sacrounds every well this come of depression would be there only because of the course of water flows through the ground. He total mat in the area. redd . r varianions were very severe, becaute in the in the interest as in provent the waster from being transmitted to the city we will have a fact the leating of the cone of uepres inn is perfectly circular, then the lines of equal providence are circular to the land surface, and from these circles, we all able to both the every use give to a dicular to the lines of equal drawdown, which is a standard horized in a dround wale inscibut 1. In based upon the fact that the water must this hamping each the same to me and the same and that the effects it any two well also going to be perfectly of the and the areas from the wells, and that if you approach closer to the lab to like a would be a tion the wells, and that if you approach to see in the land is the two to be a company to not two cones of influence which were shown by the black of the land in the mediate of the each well in celefame down lines were almost circular, but that in the in elsening space the lines depart rule as in from being circular. From all of this information, he was acle, with consterable lacks in compute what the drawdowns would be for the whiselfs. From this is according to an inwhat portion of the area would drain to one well and what portion to another well

meaning Commissioner Report Menasha Corporation Page 6.

Dr. Rock testified, by reference to Company Excito: #1, that if we in an area within the influence of one well, and trace the flow line, it finds itself eve that well. Starting from another portion of the map, the flow line would erminate at the interceptor well. From this, it is possible to construct the ground water divide between the two wells. Water on one side of the divide would find its may to one we'l and on the Other s de of the divide would find its way to the other well. Br. Keck also restified that it was possible, by varying the rate of flow of the two wells, to move the location of the ground water a vide between the two wells. Company Exhibit #1 showed how this had been done mathematical ... for three different cases: one in which the inverceptor well pumped at the rate of 25% of the pumpage of the city well—the second at 50% the rate of the city well, and the third at 75% of the rate. From these computations, it was possible to determine at what rate I would be recessary to pump the interceptor well to move the ground water divide lar enough to be verof drawing all water from a given area into the interceptor well. Or Keck stated that all is this information had been essentially summarized on the final sheet of Company Exhibit #1. For The computations, he therefore concluded that it would be necessary to pump an interceptor we if iotated at the theoretical position fixed on Company Exhibit #1, at somewhere between the lateof 25% and 50% of the city well pumpage, to insure that water which started out on the Company property (the eighty acre spray disposal site) would find its way to the interceptor well. It Reck stated that all of these computations were haked on theoretical considerations, of course for that engineers rely upon theory very heavily. He stated further that engineers also been to see actual examples where some of these practices have been but to use, and he therefore had trought with him maps and plates setting forth observations that he had more at two separate natallations one of them in Indianapolis, Indiana at a facility operated by the Allison 2 sision of General Motors Corporation, and the other located at Pensacola, Fibrida where the tenstrand Corporation had a similar problem. These mass and plates were marked as Company Exhibit #2, were introduced in evidence, and are on the at the offices of the Commission. The maps and other exhibits, marked as Commany Exhibit FL, contained information relating to polution problems at property of the Allison Corporation at Indianauolis and the Chemstrand importation at Pensach a. Florida - Without go - into detail with respect to either problem s enough to say that in both cases, wells operated by these companies developed serious problems of pollution. The problems were resolved in each case by using one of the existing we is as an interceptor well and pumping it to waste which resulted in the well being pumped waste drawing (1) of the polluted substances to it, thereby protecting the quality of white at the other wells located on the same property.

On cross-examination, Dr. Keck testified that, in his opinion, the construction or one iterceptor well on the disposal site or in the vicinity of the site, would be sufficient to control the pollution problem. He stated that the closer the interceptor well could be coulded to the wells which were to be protected, the more positive this protection would be. Dr. Keck stated that in talking about geological problems, it was impossible to state anything would be 20% effective, since no one knows completely the variations which occur under ground the did state that the probability was very high that the interceptor well. If properly engineered and constructed would provide adequate protection for city wells number it undid at least the extent that these wells could continue to deliver the kind of warer they are presently deliver to

Or Keck teachfied further that if the interception vell is constructed in would have a negreet on the pumping capacity of city wells number it and 2, because there would be interference asked the two wells. He stated that it was his opinion there would be a slightly increased andown at the city wells. He stated that the additional had not been evaluated securately, but that he had seen enough to know that the potential is very, very high. He same did not visualize any serious reduction in the production potential of city wells number that if the screens in the city wells become encrusted (which they normally do with age) to where they were just able to deliver the present city demands on them, then adding another two reet of lift would appear to cause some problems. He felt the probability of this was very at got, however, because the aquifer, to his opinion, was a very good one.

In response to questions. Dr. Keck stated that if the produced use of the eighty acresite was approved, that he would recommend that the interceptor well be put in immediately, and that observation wells be used to make sure that the contamination was not by-passing the interceptor wells.

In response to questions concerning the privately owned wells in the residential area

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In it the imposal in the Rock to tifind that there were leveral possion as to the must in them, depending on the amount of usage of city wells I and 2 and the liver conditions of substantial use of the Company well and city wells I and 2, in felt that it of the contamination would be drawn to those wells. If, however, city wells I and 2 and the Company well were not pumped to a substantial degree, there was no question whatever that he contamination would have downgradient and would base right through under the locations of the private wells. Finally, if an interceptor well was constructed and was used when the city will were in operation, it would draw the contamination to it. If, however, the interceptor well were shut down at times when the city wells were not in use, the contamination would tend higher to the south toward the private wells.

Contracted and testified that if the interceptor well was constructed and the results not corrable as noped for, the only alternative would be to pump the interceptor well at a so extract, which he felt sure would do the job, since in his experience, at other locations, the last of the locations is the last of the locations and the Chemstrand job, this solution had worked under much more that the circumstances.

It response to questions from the hearing. Commissioner, Dr. Keck stated that the intermotor well would be pumped to waste into the Kalamazno River and that this would not contaminate
in river because the contaminating substances would have already been diluted to a very great
have and would be further diluted in the river itself. He pointed out that the worst features
the contamination, the surpended solids, would have been retained within the first few feet
in property on which it is spread.

Keck stated that the protection of the private wells south of the disposal area during the time was basically a question of economics. That they could be protected by conjump the interceptor well continuously on a year round basis, but if this proved to the expensive, and other methods of protecting the private wells were to be much cheaper, the actual furnishing of city water to those homes, that this would be a nore feasible made accomplishing this protection.

This is also stated that the effect of the intercentor well on the private wells to the countries of the same as its effect on city wells I and 2. I that it would nearly the drawdown on the order of two or three feet. He stated that the biggest impact on the private wells is already in existence when the city uses its wells. He felt that if the private wells had experienced no difficulty under the existing rates of pumpage by the card the Company wells, they should not have difficulty because of the increased pumping and its reports well.

In response to a questing from Mr. Olivier of the Health Department, Dr. Keck stitled that the times when the city wells are not pumped and the Company well is pumped, there would be endency for the ground water to flow toward the Company well. Mr. Olivier pointed out that was his understanding that city wells number 1 and 2 are only used on a standby basis, during the or man there is a breakdown in city well number 3, or to meet peak demands during the after manths. He this asked whether, during the winter, if the interceptor well was not pumped in the city wells were not pumped, would it not be possible for some of the waste to migro entire city wells are reach the Lompany well. Or. Keck responded by saying that a tendency was dithis containly existed, but that the movement of ground waters is so very slow that he monited wether in that period of time the waste materials in the ground water would have moved a enough to be of any concern. He also pointed out that the monitor wells would be used to the monitor wells, it would simply be necessary to begin the interceptor well pumping again.

Mr. Dale Granger of the Water Resources Commission staff, asked a question concerning the count of the interceptor well pumping on a year round basis in relation to the water table of the arrivate tells to the south. Dr. Aeck's answer was to the effect that the increase of a mage by the interceptor well over what he city well was already pumping would be very a light recause the impact of the city well, which pumps a great deal more, is already very slight. Dr. Ack reiterated that he did not see any great problem with respect to the water table elevation at the private wells.

'n response to another question, Dr. Keck stated that the possibility of contamination of city well number 3, south of the Kalamazoo River, was exceedingly remote. He stated that the river stands between the two sites and that any extraction of water from well number 3 would be

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that the cine of influence of the liver liver, and that the cine of influence of the state of th

rey has recalled to the stand and under cross-examination, stated that if the if the eighty acre area as a diposal site was denied, there was no other alter ate in the examination. About have to be set aside. Mr. McCroney also stated that if permission is an one eighty acre site is a spray disposal area, that the compary would definitely exerticit an interceptor we'll and the necessary biservation wells, and that, in in the test wells drilled in the course of Dr. Keck's work would be retained as well. He stared that these observation wells would remain for the purpole interied.

the content further that if the private wells limite, that he nouth it the striple of the inverse on the come unusable due to stranding, in, that the Company whild underselve in a number, company of the intercept well to prevent their pollur. In the content of the new matter indicates the content of the nature with the limit of the content of the nature with the limit of the content of the con

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The state of the the Habitan Commissioner. Mr. McConney reiterate, that if a contract the management of the management of the management of the management of the contract of

The content of was some and a writtens and testified that he was a City Color scione of Disease the later than his principle question had already been answered in the color will have been answered in the color will not be color billity of contamination of city well number 3 and the fire the Beck he stated that the City of Cisego have a definite and respect to the extension of functional services outside the comparate limits of the include vater services. This would mean that the homes south of the disposal three finites the cumporate limits of the city, could not be extended city water and contained the comporate white disposal that it is a finite authorized without a complete change of City Commission.

David Johnson was sworn us a witness for the Commission and testified that he was a control Geological Survey Division of the Department of Conservation, and that his must need the collection of geologic art hydrologic data pertaining to the water resources to take dispensing this information to the provide, and assisting them in interpreting the mattack that he also worked in an advisory capacity with other state agencies in this of ground water problems.

I will now tated that he has gameral. Smilliar with the proposal made by the Company to a time aim of its wastes on the eighty acre site under discussion. He stated he had affection of editorial site on the 1962 and again on June 21, 1963, to inspect the action of the disposal site to city wells and 2, and to the dimestic wells located south of the disposal site.

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the fitted, that tised upon a visual examination of the surface moderial on the discussion of the tise was a chat were willed by the Company, he conclusion that were willed by the Company, he conclusion that the second surface would percolate down to the water of migrate from there.

hrson stated that he was familiar with the study made by Dr. Keck and his associates, there were two principle conclusions reached in that report. The first was that the resolution the city wells obtain their water, is exceptionally good and capable of a secret million gallons per day. Secondly that report concludes that while the right the city wells are pumping heavily, any water or liquid wastes that reach the was.14 migrate toward the city wells and eventually be intercepted by them

roson restrifted further that based upon his observations in the area, the direction of hater flow appeared to him to depend, to a large extent, upon the usage of city set I and 2. It was his opinion that when the Company well and the city wells are say 1, the ground water flow appears to bi to the southwest towards the city wells are interinated that it has not been definitely determined that when the city wells are idle for and it time or operated only intermittently for a short period of time, that the say is employed by the mill well extends beneath the antire limits of the disposal it must therefore be possible that part of the ground water flow, particularly on see if the disposal site, may migrate marks the south, past the domestic well, and

— notice textified further that the Otses municipal water supply is entirely dependent a waters, and that if for any reason the standby or intermittent operation of city have and 2 were to be perhapent?, discontinued, it would be highly desirable for the analysis of the lite for a standby well.

"The listed that if into ceptur we'ls were properly ingineered and constructed by note the eighty acre disposal site, that the effect on the water level on city wells I wild depend upon the location and the distance of the interceptor wells from the interceptor well was pumped. He stated that, based unit of a very siight or as of Keck and associates, ne would expert interference on the very siight or as of Keck indicated, in the reighborhood of two or three step unther that in his is him, the effects on the private wells' water supply is nevery similar to the effect on the city wells, but this too would depend on the interceptor we'll and at what rate the max pumped. He don son stated also that, denerall speaking he did agree he broad nutline of Dr. Keck's testimony, and although he did not have any it disacreement with I. Keck, he had not had a prior opportunity to study the nucled to Dr. Keck. Based on Dr. Keck's explanation, noweller, he had no disacreement.

• n i 2 lier was sworn as a witness for the Commission and testified that he was in the bryision of Engineering of the Michigan Department of Health, and the control of the water Simply Section which has to do with the supervision control and the control of the mater supplies.

Her restified that he was familiar with the proposal of the Company to dispose of the Aggres or the eighty acre site described at this hearing and that he had visited a single his proposed disposal site on the 23rd of April of this year. He stated he can the area, looked at the city wells and coserved some of the test wells and the stated he had also discussed this form, dimeson of the Health Department on April 15 at a meeting at the Water Resources the Orivic stated that he was also familiar with the report prepared by Dr. Keck

are restricted that if the Company's wastes were disposed of by spray disposal on each data site, in the abrence of any type of interceptor wells, those wastes corried to city wells number I and 2 and to the privately owned wells, and that from a major standpoint, the water supplies in those wells would become unfit for use as potansial supplies. This opinion was based on Dr. Keck's report, under assumed conditions of the municipal well and the Compuny we'll at a compined rate of 1,400,000 gallons a day,

The Committee Report the Committee Committee Report Atlanta (1997)

revious de a ravorable condition from the standpoint of dilution. Even unificially in the wastes from the Company propert, would constitute approximately in the state from the city walls. This would amount to 10 000 parts per million, and the Official's prior, this was an extremely large amount. Mr. Clivier stated that this observation applied to the privately owned wells as well as to the city wells. He stated further that it would be a recommendation of the State Health Department to the City of Otsego, in these concurstances, the absence of an interceptor system, the City of Otsego consider this matter very careducted a high degree of the wastes would migrate to the city wells, and this rollomot called. He testified that, in these circumstances, the recommendation of the Department with the city would be to either protect the city wells, or plan to make arrangement that in the observe of an intercept or system, the State Health Department the opposer is the number of a state of the city without an interceptor. There could be opposer is the number of a state of the city walls for drinking water.

Mr. Olivier testified further that there appeared to be a possibility of constructing and strong an interceptor well or wells in such a manner that protection would be given to the wells and that in this could be done, there vould le no problem in the cirt, well. Mr. the stated however, that if the construction of interce for wells was undertaken but did construction for erre for wells was undertaken but did construction for erre for public health standpoint to the water supplies, the Department of Mealth would point the use of the wife from the construction and the anothing and it taken to stand the construction of the second the construction of the construction of the second the construction of the construction of the public health standpoints. It is taken the construction of the construction of the construction of the construction of the construction of the public health standpoints to the water supplies, the Department of Mealth would be anothing to take the construction of the construction of the problem in the cirt. The construction of the construction of the problem in the cirt. The construction of the

pulnter out it Mr. Onliner that at some time the minad been discult in concerning in little from Company and the city exchanging their wells, and of the present Company wells to the city the city that it is so the city to the present time serve an interceptor well between the city to a little Company well. Mr. Olliver stated that he was not fully a quainted with the city that it has a moderated in that it Company wells that it was inderstanding that it Company wells the er, and a such would receive a great deal of river water which is the er, and a such would receive a great deal of river water which is entirely company wells. The city is a company well are to the city in least the company well are to the city in least the company well.

New there directed using a questions to Mr. Olivier concerning the substances which a not in the ground water after they passed inrough the water and reached the stock printed but that he is like a printed but that he had a pointed but that he had an attempt to an are the check of the wastes, and he cannot the head an attempt to an are one call constituents of the wastes, and he cannot the operation of the wastes were and what concentration of the wastes were and what concentration of the wastes are in the ground vaters. Mr. Olivier responded by pointing out that suiphing or waster that suiphing and used to send the cannot water as a suing from the building of whole with validation of the weight of the weight of the weight of the weight of the weight of the part of painting and comprise finer bindings substance. It is a ground a degree of the part culture wastes had been made and whether, in the week what specifically was in them and how much objectionable materials there was an wered that he could not answer Dr. Keck's spenific question, but that the main in water of this had be even here, any consideration of toxicity would be secondary and the paler will be the table and coors of water containing these wastes.

rungle to a specific question. Mr. Olivier stated that these wastes chuld be filtered used to a soper degree to see whether they had a particular caste and odors, and that he quot to bus over any rata on such experiments.

There was then some discussion between the Hearings Commissioner, Dr. Keck, and Mr. Olivie the additionation of the objectionable substances which would appear in the city related assumed und long to be petween 100 part, per million, and 10,000 parts per the cit well. Mr. Olivier then pointed out by reference to experience in other that approximately will parts per million is prohably the maximum which should be effort varies of this rature to prevent offensive tastes and odors from developing in valor

in Hing Circustioner Report Monecha Carporation Personal

Ar Halph W Purdy was sworn as a witness for the Commission and testif if he was a reflected prince Resource, Commission, that he was a registered principal engineer, that he possessed a degree in chamical engineering

Mr. Furdy commented on the testimony of Mr. Olivier and Dr. Keck, collecting the waste when which would appear in the city water under assumed conditions, and stated he felt they - > both correct, but were talking about different things, one of them was talking about the all amount of wastes in the city water, while the other was talking about the cincentration and vidual substances within the waste. Mr. Purdy stated that it was rather difficult to m a comparison between this situation and the experience in Pennsylvania referred to by divier, because there will undoubtedly be a change in character by their passage through uld waters. He pointed out that indies have been made by various paper mill cimpanie th indicate the quantity of spent black I quor that can be discharged to the ground in a by arms irrigation manner and have stabilization of the biological oxygen consuming materials the wastes, and that it was his understanding that very low volumes of wiste would be disinged at this proposed site so that we could expect stabilization of the oxygen insuming arrials. Experiences in other situations, however, has been somewhat incomplete and there is in a lity that over a long period of time there is, be a bleak through of contain chemical Thinks into the ground water. He stated that it some studies run on sill of his, there her a hreak through after a line heriod of time of the ligh his and that there have shown eater that has percolated through a column of so I of from ten to twelve leat. Since this to calle and it is known that taske and odor producing compounds can be pice. 11011 the waite as discharged from the paper mill, there is a possibility that it in a diodos is plus poss by the lightn's may show up in well in the area. Sinc in a positive and in some of this area in the must be ace por text the waters in the area of this should occur. He also to dithat if this ed for walls display, it should be used in such a fashion that it can be deter is don't be in the relation to the standard of understable contaminants to the grand with said can be laken to prevent the right on of the rub tances to well a not unables to be ration well's and routine testing of well's would be nechusary to privide to in regree of served on and the number of these monitor, wells which would be needed The perentined by This and the ampany's consultant and the coople in the Law length Discount for a Conservation Department with whom the Common one coefficient lusely

M. Eugene H. Picer in Tise. Michigan was present in the hearing row and was life of place to make a comment. Mr. Baker declined the opportunity ather than to say his in men need answered. The testimon, that has been given. Mr. Baker did identify himself in many 6.5 Hill Proc. which is in the area of real viscouth of the dispulable fie.

Moreover was sworn as a willings and in tifled that he was one of the high of the area from the area from the disposal note and that his property was just east of the ear of the area for the City of the ear of the address is Route 1. Box #4. A set one field has in the feet that the city would not do beyond the city limits his well taken has earlied that at the area was a property event if his well taken has the result of the proposed waste disposal. He stated that he did not set of particular reason for believing that the measures talked about at the hearing would not set on tamination of his well, but that he was not as engineer and simply did not know other in interceptor well would do the lob and wanted to know what protection he did have

The Hearings Commission in pointer but to Mr. Van Auken that there had been testimony con-— in the Construction of interceptor wells, and expert opinions expressed that these would do but it was also pointed but that observation well's could be maintained to lifert both the moan and others including the Commission, if there were indications of contamination moving interception of the cit, wells or this private wells. It was pointed out also that there had earlies timony that if there has contamination in the residential wells, that the Company you used an obligation to take measures to either correct it or to provide a new water supply.

More Auke with the property of this featuremy but merely cointed out news not an engineer was relying on other periods, and that if his interiwas interiated would be moussible to sell his property. It was pointed out by the Hearing's emissioner that if hower was a taminated and the Company failed to take measures to recome condition on the measures water and a thermal water and the high him is comedy against

Tearing Commissioner Report Me with Corp ration Page 17.

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Mr. J. L. Nichols, also described as a property owner in the area, was in the hearing and was offered the opportunity to make a statement, but stated only that he had a rened to the testimony and had talked to the officials of the Company on several occasions are remained this problem, and felt sure that as a property owner he would be protected.

Finally, it was pointed out that if there was a migration of the contaminating substances and ness substances got into the residential wells and the Company was unable on unwilling trake measures to correct it which were satisfactory to the property owners, that this item couls be reopened for further hearing at that time and appropriate steps taken by the stranger it was further pointed but that if a permit for the use of ground water should repreted as requested by the Company that this would not prevent any state agency from raking action in the future if it should develop that corrective action was necessary to liviate any problem that arises in the future. In effect, by giving permission for the possible factor and such wastes at this time, neither the state nor any state agency was foreclosed the reopening the matter in the future if the preventive measures are not effective or if these which is not now contemplates is caused by the action of the Company.

Menasha Corporation Page 13

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Findings of Fact and Conclusions of Law

This hearing, on a statement of new use of waters of the state for waste disposal purposes, filed by the Otsego Paperboard Division, Menasha Corpugation, was hold in 1, 965 line reatment itself a single April 1985.

There is an extensive histor, or proceedings involving this Company, a lits predecessor corporate entities, before the Water Resources Commission dating back more than twelve years

On October 24, 1951, the Water Resources Commission entered a Final Order of Determination in which it found that the Company was failing to control its share of the pollution of the Kalamazoo River and that this failure, in combination with that of other mills in the area had created conditions of acute stream pollution. The Final Order entered by the Commission, ordered the Company to construct facilities for treatment, by coagulation and sedimentation or other equivalent means, of all paper processing wastes discharged directly to the waters of the state. These treatment facilities were ordered to be in operation by June 1, 1954

The matter of pollution of the waters of the state by this Company was again considered by the Commission late in 1953 and early in 1954, and at the Commission meeting of January 28, 1954, a Stipulation was entered into by the Company and the Commission, which provided that proceedings then pending against the Company for abatement of pollution of the Kalamazoo River be adjourned from January 1954 to October of 1955 for the purpose of permitting the Company to proceed with its proposed program of pollution abatement. The Stipulation further provided that the Company agreed to control the discharge into the Kalamazoo River, of wastes produced from the neutral substitution and process at its Otsego, Michigan mill, during the interim user od in which the hear on was adjourned, by a sposing of part of its was in by hauling such sastes with tank trucks to unspecified destinations by storing in a pond owned by it or in me other way, keeping out if the Kalamazio River a total of 2 million allong of wastes duced by it during the period from June 1 to Octiber 1 of each year, and by restricting its a scharge direction indicated into the salazion River as total or 2 million and october 1 of cain scharge direction indicated in the salazion River as total or 2 million allong of wastes. There were a supplied provisions in that Stipulation

Another hear to which conducted be the the Colors in 1961 and an her Stipulation was elicred into by the Company and the Committee on which, as subsequently arended, provided that commencing June 1, 1966 and continuing thereafter, the Company would restrict the context of wager consuming substances in all waster discharged to the Kalamazoo River to a certain amount to such substances or riday, and would continue to left the requirement of the Final Order of Determination adopted by the Commission on October 24, 1951. The Stipulation further provided for the design, construction, and operation of waste treatment facilities, for its waste discharge, according to a schedule set for thitherein.

During the hearing an exidence was entered into the record either by the Company or the Commission, nor was an evidence existed as to whether the treatment facilities referred to in these Orders and St pulations have been constructed. It is not the intention of the Hearin's Commission, the purpose of showing that this Company, and presumably other paper mills within the State Michigan, have experienced select problems for many years in controlling the discharge of vaste substances of the waters of the State of Michigan it is obvious to the basis of the Commission, that but amounts or the time and energy of both the Commission and the Company have been expanded in the effort to solve this problem of water pollution. It appears obvious to Hearings Commission somethat it a method is proposed which appears to offer some hope of mally and permanently solving this problem of waste disposal by the Company, that it should be grasped eagerly

The Company has been involved in hearings with the Commission for more than twelve years. The prior Orders and Stipulations entered into have, quite obviously, not provided a final solution to the problem of pollution caused by the waste products discharged by the Company. The Company is faced with a need to reliace obsolete facilities and at the same time desires to expand productive capacity. The test mony makes it clear that neither or these goals is feasible unlets an alternate method of disposing of their waste products is developed.

At the hearing employees of the Commission testified as to the prior history in this matter, such of which has been summar zed above.

After the background of this problem was set forth, Mr. McConney testified an to the desire and needs of the Company to replace obsolete facilities, to increase production, and of

Hearing Commissioner Peport hemasha Corporation Page 14.

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the mean typic of f is given relatively of a species of these goals. To achieve with of these goals:

The report of Dr. Keck concerning the hydrology of the area, makes it clear that the soils in the area are highly permeable and there appears to be no question whatever that liquid waste substances deposited into the ground will percolate down to the water tuble and migrate from there. Dr. Keck's testimony and the testimony of Mr. Johnson of the Department of Conservation, appointed this opinion. There appears to be no question whatever that the soil in the area in question are highly permeable, and provide no barrier to prevent the liquid laste substances from migrating to the water we'lls in the area.

It appears clear from the test mony that the normal course of migration, in the absorce of any pumping action by any of the wells referred to an the hearing, would be trivard the south and the wells located at the private residences south of the disposal site. The testimony established that the action of the city wells number i and 2 and the Company well, when they are pumping, is sufficient to draw the waste substances in a southwesterly direct on toward thise wells. There was also general agreement that in the absence of an interceptor well, the maste substances would be drawn toward only wells number 1 and 2 and discharged from thise wells. In fact, city wells number 1 and 2 voils shrike as an interceptor well in the Companiate is.

Trace is substantial test mony in the record that the constituents of the waste substances were such that if the, were permitted to reach the city wells, the, will cause their almost college in the city well later, taking it unfit for use. There appears then their due in puest on that if the eight, acre sive is used to waste disposal purposes, the limit later will be proceed and will regrate south and so the esterly from them. In all primability, all of the wastes whole intrate toward city wells number I and 2 in twind the Company well, because there would be sufficient pumpage by those we is to draw the later in this edirect. There would however, this substantial possibility for grating fine waste substances toward the private cells south to the area. This is particularly the ease of the lack of test mony as to the frequency and duration of the pumping of city will the liand 2 and the Company well.

There is substant all lest nonviscible by Dr. Keck and the witnesses for the Commission and in intercepting well will be essent all in these circumstances to draw the waste substance to main the ceptor well which is all purplets and them to waste in the Kalanazoo Rive. There appears the teneral agreement that an interceptor well properly located and constructed usual adequately sense the function of intercept by the migrating waste substances. There is no absolute to ant, as to how continues, or at what rate this interceptor well would have to be purpled in rider to be certain to the expression not only to city wells number if and 2, but to the last wells such a time expression well would be purpled to whatever begree was necessary to provide this complete protect in. In addition, the Company agreed to maintain whatever observations is in monitor. The are necessary to keep a continuous check on the movement of migration assets to accept that they would know when and to what degree it was necessarily pump the integer well to provide the necessary protection.

The Go pany also indicated its willingness to acknowledge its obligation particularly to the lowners south of the disposal site to provide them an alternate source of water if the interceptor will program did not provide the degree of protection necessary for them.

In the right of the testimon, and evidence offered at the hearing, I find as follows:

- (i) The Company wishes to dispose of waste products on an eighty acre disposal site which they own. It is highly probable that most of the suspended solids in their waste products would be stabilized in the soil on the disposal site within the first few feet be on the surface.
- (2) It is possible that some of the suspended solid might eventually break through the solid column and percolate down to the water table and migrate from there.
- (3) It is clear that the liquid wastes would percolate down to the water table and would migrate from that location, since there is no obstacle to the free

Her ing Commissioner Report Hensisha Corpo atron nive 15

however of lour in the arcund in this area

- (\*) In the absence of an interceptor we l, the migrating liquid wastes would eventually reach city wells number a and 2 and quite possibly the private wells south of the disposal site.
- Although no detailed and is soff the chemical constituents of the liquid mostes was introduced in evidence, it is clear that there are a number of rubstances contained in those wastes, and the elwas no disagreement that such mastes would contain a number of caste and odor producing compounds which, if the reached the city wells in the increase referred to in the testimon, would make that city materials tity for home consumption.
- 7. The contaminating substances would clearly be present in adequate amounts in the liquid wastes to make the water in it, well's number 1 and 2 unfit for human convinction in those 1 guid wastes should reach city well's number 1 and 2.
- 7 The only method advanced to provide postect in figure city wells and the related dwelling which would be the construct on it an interceptor velocated between the disposal site and city wells number 1 and 2.
- The construct of such an interceptor we land it proper operation increase to offer adequate protect in its cit we'll number, and 2 union valence is from the midrating waste sitiation.
- de i prode in lecree of a fection of slary, would be cased to continuantain, and the at a constron tor volts because of we so mailtain a fint out of continuation wast tables.

The number of the Public Acts in 1929 as a ended by Act 1.7 of the Public Acts in the contemplate and acts in the contemplate and a purposes if which the Water Resources Cimission a contemplated and contemplate

that the 6 third 245 or lides, among other thinds, that it shall be unlowful this uny person had be on permit to be discharged into any of the lakes invers, streams or other waters to this state, any substance which is in unloss to the public health.

From all of the foreign of locate ade that permitting Otsequi Paperboard Division of with a half or that on the densition in the manner of maste and of the interceptor will be a sposal is to proposed by the Company, without the construction of the interceptor well on the ells referred to in the test mony at this hear not would cause contaminating tender injurious to the public health to be deposited in the ground and such substances whentually be deposited in the City of Otsego water wells number 1 and 2 and possibly in the cartain water wells of the residences located directly to the south of the disposal site, include that the contamination of such waters which would occur, would be injurious to the health.

It include further that if an interreptor well and appropriate conitor wells are properly interred and constructed as offlined in the testimony at the hearing, that the quality of the water's pplies at city wells number I and C and the private wells located at the residence of the disposal site can be protected.

#### Recommendations

the effore recommend that a Final Order of Determination be entered in this matter, thorising the Company to use the proposed eighty acre site for spray disposal purposes.

र () प्राप्तः (ommiss men Report Messaha (orponation राज्यास्ट्राह्म

A course Commany construct an appropriate interceptor well, at a location of the common trust and maintain such "monitor" or "observet" on" wells as in the judgment of the Material Courses Commission are necessary and appopriate. I recommend that the Final Order of contermination routain such other and further conditions as in the judgment of the Material Contermination routain such other and further conditions as in the judgment of the Mater Resources on spear necessary.

A proposed Final Orde of Determination, incurporating there findings and returnmendations, atto-hed herewish.

Respectfully submitted

Patrick J. Foley

·: 19, 1963

#### STATE OF MICHIGAN

#### WATER RESOURCES COMMISSION

In he dite it:

Statement of OTSEGO PAPERBOARD DIVISION, MENASHA CORPORATION, regarding a new use of GROUND WATERS of the State of Michigan for waste disposal purposes

#### Proposed Final Order of Determination

- whireAS, Diseas Paperboard Division of Menasha Corporation, at Otsego, Michigan, has filled with the Water Resources Cormission, a written scatement, dated April 10, 1963, for a prospective use of the waters of the state for dispusal of spent pulp mill wastes to the underground waters of the state located in the E. 7 of S.E. 2 of Sec. 14, T. 1 N, R. 12 W., Otsego Township, Allegan County, Michigan, and
- AMEREAS, the said written statement sets forth that Ctseqn Paperboard Division, Menasha Corpuration, proposes to dispose of approximatel, 10,000 gallons per day of Apent pulp multiwastes by means of spray disposal on an elighty acre site described above, for disposal by percolation into the ground, and
- HYEREAS, the Corm as on, at its meeting on May 23, 1963, adopted a Resolution, directing the Hoarings Cormissioner appointed by the Corm as on Pto schedule a public hearing with the Menasha Corporation on the above mantioned statement for a new use of the waters of the state, and
- wHEPE-5, the haid hearing was conducted by the Hearing's Commissioner on June 24, 1963, beginning at 0:00 a.m. in nom 203 of the Allegan Count Building, Allegan, Michigan; and
- AmtRIAS, the said Hearings Corm ssioner filed his report and recommendations with the Water Restrices Cormiss on an August 19, 1347 and that said report recommended that a Final Order of Determination be entered, containing certain conditions and restrictions in the Lisposal of spent outplied wastes as proposed by Menasha Corporation, and
- whireAS, the Commission, at its meeting on Albust \_\_\_\_\_\_, 1963, after giving due consideration to the statement filed by Menasha Corporation, to investigations by its staff of the factors involved, and after reviewing the hearing conducted by the Hearings. Char scioner and his report and recommendations for a Final Order of Determination, is of the opinion and has determined that the restrictions and conditions, as hereinafter set forth, are necessary to protect the waters of the state against inlawful point on
- NOW IMEREFORE BE IT RESOLVED, that it is the Final Order of the Water Resources Commission that Otsego Paperboard Division, Menasha Corporation, its agents, successors or assigns be permitted to dispose of spent pulp mill wastes up the underground waters of the state flated in the E. ½ of S.E. ± or Sec. (4), i. i.m., R. 12 W., Otsego Township, Aircyon County, Michigan, provided that the said Company, its agents, successors or assigns complies with the following restrictions and conditions:
  - 1. The Company shall construct an appropriate interceptor well, at a location to be approved of by the Water Resources Commission staff, and shall agree to pump the interceptor well with sufficient frequency and at a sufficient rate, to guarantee, that all of the liquid waste and other waste substances which are deposited on the ground at the disposal site and which percolate into the ground waters from the disposal site referred to above, will migrate to the interceptor refl. and will be discharged from there to the waters of the Kalamazoo Rive.
  - 2. The Company shall construct and maintain "monitor" wells or "observation" wells in sufficient number and located where, in the judgment of the Water Resources Commission, such wells are necessary to be located, for the purpose of maintaining a continuing check on the migration of liquid waste.

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Properties of Determination Clarge Paperbard Division Menasha Corpuration

substances from the disposal site.

- 3 The Company shall make such observations at such 'monitor' wells, and maintain such records of such observations, as are required by the Mater Resources Commission.
- at IT FURTHER RESOLVED, that the aforesald restrictions and conditions set forth in this Order shall become effective at and from the time this Order becomes final as provided herein and shall remain in effect until further order of the Commission.
- of it FURTHER RESOLVED, that this instrument does not obviate the necessity of obtaining such permits as may be required by law from other on to if government.

5. 5.0	der -ude	, 1963 by the Commission in accordance with Act 245, P.A. of	
, , ,	1929, as amonded by Ac	, 1963 by the Commission in accordance with Act 245, P.A. of till, P.A. 1949, and shall be final in the absence of reques	٠ ز
	for public hearing filed	ed with n 15 lays after receipt hereof, on motion by supported by, and unanimously carried.	
		, 30,955 100 07	٠.

AND PRESENT AND POTING

Ky,

GERALD & EDDY, Vice CL

ALFERT E HEUSTIS M.D.

GEORGE 1 MANTYRS

MA GRANORE, JR., K

GEORGE F LIDDLE, M

ACANCY

STATE OF MICHIGAN
VATER RESOURCES COMMISSION

GEORGE W. ROMNEY, GOVERNOR



STAIT OFFICES 200 Mill Street BL 373-247

STATION 8 LANSING, MICHIGAN 48913

November 4, 1963

MEN03596

HEGAL COUNSES

LOTHIG F DEMNIG

MORMAN BLI DIGS
And Buccome Supresery
Chall, Hydralogy Director

ZALPH W. PURD One traper

AL DESMON

#### REGISTERED MAIL

Menasha Corporation Otsego Paperhoard Division Otsego, Michigan

Attention: Mr. George A. McConney

Administrative Superintendent

#### Gerit lemen:

Enclosed is a copy of the Order of Determination to Otsego Paperboard Division, Menasha Corporation, Otsego, Michigan, made by the Water Resources Commission at its October 31, 1963 meeting.

Very truly yours,

Loring F Oeming Executive Secretary

LFO:S

enc.

cc--William G. Keck

Jeseph Sutro

City of Otsego

Richard W. Hartman

Abbott B. Mitchell, M.D.

Ralph Purdy

Robert Courchaine

Chester Harvey

Gordon Olivier
L. D. Johnson
Eugene H. Baker
David L. Nichols
LaVern Van Auken

STATE OF MICHIGAN .

#### WATER RESOURCES COMMISSION

#### OFFICIAL CERTIFICATE

Lansing, Michigan November 4, 1963

I, Loring F. Deming, Executive Secretary of the Water Resources Commission.

BO HFREBY CERTIFY that annexed is a true copy of the Order of Determination to

"Owego Paperboard Division, Merania Corporation, Otsego, Michigan, made by the

Water Resources Commission on October 31, 1963

and that I have carefully compared the said copy with the original thereof now on

tile and or record in the office of said commission, and that it is a correct

Executive Secretary

Wate Resources Commission

Lansiyg, Micnigan

STATE OF MICHIGAN

10/63-4 =

MATER RESOURCES COMMISSION

urder No. 379

Statement of OTSEGO PAPERBOARD DIVISION, :

MENASHA CORPORATION, a Wisconsin Corporation:

Regarding a New Use of GROUND WATERS of the :

State at OTSEGO, MICHIGAN :

#### ORDER OF DETERMINATION

WHEREAS, Otsego Paperteard Division of Menasha Corporation, a Wisconsin Corporation at Otsego, Michigan, has filed with the Water Resources Commission, a written statement, dated April 10, 1963, for a prospective use of the waters of the state for disposal of spent pulp mill wastes to the underground waters of the state located in the E. ½ of S.E. ½ of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan; and

WHEREAS, the said written statement sets forth that Otsego Paperboard

Div sion. Menasha Corporation, proposes to dispose of approximately
ten thousand (10,000) gallons per day of spent pulp mill
wastes by means of spray disposal on an eighty acre site
described above, for disposal by percolation into the ground;
and

WHEREAS, the Commission, at its meeting on May 23, 1963, adopted a Resolution, directing the Hearings Commissioner appointed by the Commission. to schedule a public hearing with the Henasha Corporation on the above mentioned statement for a new use of the waters of the state; and

OTSESS PAPERBOARD DIVISION, MENASHA CORPORATION ORDER OF DETERMINATION Page 2

- whereas, the said hearing was conducted by the Heerings Commiss on dune 24, 1963, beginning at 10:00 a.m. in Room 303 of the Allegan County Building, Allegan, Michigan; and
- whereas, the said Hearings Commissioner filed his report and recommendations with the Water Resources Commission on August 19, 1963, and that said report recommended that an Order of Determination be entered, containing certain conditions and restrictions on the disposal of spent pulp mill wastes as proposed by Menasha Corporation; and
- whereas, the Commission, at its meeting on October 31 , 1963, after giving due consideration to the statement filed by Mehasha Corporation: to investigations by its staff of the factors involved; and after reviewing the learning conducted by the Hearings Commissioner and his report and recommendations for an Order of Determination, is of the opinion and has determined that the restrictions and conditions, as hereinafter set forth, are necessary to protect the waters of the state against unlawful pollution:
- NOW THEREFORE BE IT RESOLVED, that it is the order of the Water Resources Commission that Otsego Paperboard Division, Menasha Corporation, its agents, successors, or assigns in disposing of spent pulp mill wastes to the underground waters of the state in the E.  $\frac{1}{2}$  of S.E.  $\frac{1}{4}$  of Sec. 14, T. 1 N., R. 12 W., Otsego Township, Allegan County, Michigan, snall comply with the following restrictions and condit ons:

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OTSEGO PAPERBOARD DIVISION, MENASHA COFPORATION ORDER OF DETERMINATION Page 3

- 1. The Company shall construct an appropriate interceptivell or wells at a location(s) to be recommended by a consulting geophysicist acceptable to the Commission, such location to be approved by the Chief Engineer of the Water Tescurces Commission and shall pump the interceptor well(s) with sufficient frequency and at sufficient rates to effectively intercept the wastes which are deposited on the ground and which percolate into the ground at the spray disposal site referred to above, to prevent pollution of the private well water supplies south of the disposal site and the City of Otsego well water supplies west of the disposal site; the interceptor well or wells shall be pumped to discharge directly to the Katabazoo River.
- 2. The Company shall construct and maintain monitor wells or observation wells at locations recommended by a consulting geophysic at acceptable to the Commission, such locations to be approved by the Chief Engineer of the Water Resources Commission, for the purpose of maintaining a continuing check on the migration of liquid waste substances from the disposal site.
- 3. The Commany shall make such observations at such "conitor" wells, and maintain such records of such observations, and submit reports of such observations as are required by the Water Resources Commission.
- 4. The wastes small be uniformly distributed over a 40 acre area on a schedule of plot spraying within that area to be approved by the Chief Ergineer.
- BE IT FURTHER RESOLVED, that the aforesaid restrictions and conditions set forth in this order shall become effective at and from the time this Order becomes final as provided herein and shall remain in effect until further order of the Commission.
- TE IT FURTHER RESOLVED, that this instrument does not obviate the necessity of obtaining such permits as may be required by law from other units of government.
- This Order made October 31, 1963 by the Commission in accordance with Act 245, P. A. 1921, as amended by Act 117, P. A. 1949,

OTSEGO PAPERBOARD DIVISION, MENASHA CORPORATION ORDER OF DETERMINATION Page 4

and shall be final in the absence of request for the lice hearing filed within 15 days after receipt hereof, on motion by <u>Dr. Heustis</u>, supported by <u>Mr. Gilmore</u>, and unanimously carried.

#### PRESENT AND VOTING:

Irving H. Ronk, for State Highway Commissioner, Chairman Gerald E. Eddy, Director of Conservation Albert E. Heustis, M.D., State Health Commissioner Stanley Quackenbush, for Director of Agriculture James S. Gilmore, Jr., for Industrial Management Groups

#### STATE OF MICHIGAN WATER RESOURCES COMMISSION O MERCIEN WITTLAMS, GOVERNOR

MEN03602

LEGAL COUNSEL

TITIMAS M. KAVANAGH Attorney General

STAFF

MILTON P ADAMS Exoc sive Secretary

LORING P. DEMING Chief Pagineer

NORMAN BILLINGS Chief. Hydrology Division



417 W. Michigan TEL 54144, Est. 676

9. O. BOX 87 LANSING 1, MICHIGAN

January 13, 1956

COMMISSION

OF7: LE ⊸'r, Cearman ∟othervation

LYNN P. BALDWIN, R. RAPPE, V. CRAIRMAN CORSETVATION GrOUDS

ALBERT B. HEUSTIS, M. D. State Health Commissioner

CHARTES M. ZJEGLER State Highway Commi

GEORGE S. McINTYRE Director of Agriculture

CEORGE P. LIDC'.R. MUSEUMON Municipal Groups

FRANK M. BURKE, JR., COLOMA Industrial Management Groups

Ctsego Falls Paper Fills, Inc. Attention: Er. a. J. Suess, President Otsego, Michigan

Gentlemen:

Unclosed is a cory of the avenda for the meeting of the Cormission on January 26, 27, 1956.

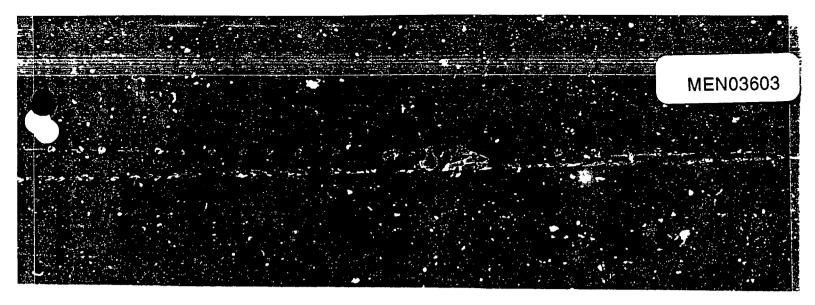
You will note that the conference with the Kalamazoo paper mills is schedule: for 1:30 p.m., Thursday, January 26.

Very truly yours

xecutive /Secretary

WAT . . RESOURC AS COMMISSION

M :J



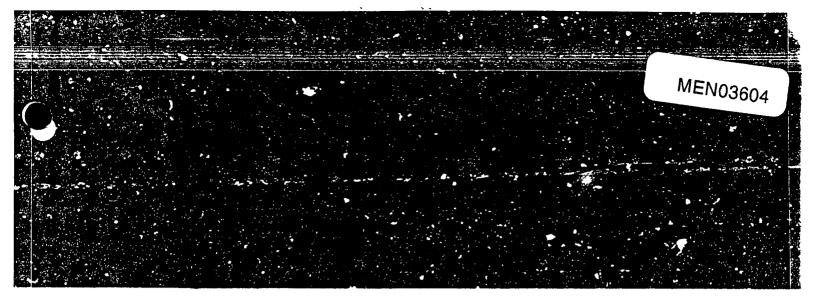
OFSEGO FALLS PAPER MILLS, INC.

#### DISPOSAL OF NEUTRAL SULPHITE PULP LIQUORS - 1954-55

VCLUMZ PRODUCKI (Gel.)	DATS OPERATION	DAILY VOLUME (Gal./day)	HAULED TO ROADS	STORED IN POND	ACCUMULATIVE TOTAL IN POND	TO RIVER
, 441,650	16	27,600	441,650	None	None	
1,207,900	23	52,500	901,420	306,480	306,480	None
935,300	18	51,800	1,099,900	( '	141,880	None
1,101,500	22	50,000	891,000	210,500	352 <b>,</b> 380 `	enoK
1,127,200	20	56,200	517,300	509,900	862,280	None
-,813,550	99	48,500	3,951,270	1,026,880	862,280 <sup>(2)</sup>	Sons
	/		692,000	153,600	153,600	
1,737,000	28	62,000	1,120,000	617,000	770,600	None
985,500	19-213	50,000	887,800	97.700	863 300 -	Mont
1,032,000	26	39,700	733,000	299,000	1,167,300	None

ried May 10. volume in storage disposed of to roads during Cotober 1954.

Prepared September 28, 1955 L. F. Cening



### Performance of Otsago Falls Paper Mills, Inc. under terms of Stipulation for Adjournment of Bearing

Item 1. Requires hamling of an average of 20,000 gallons for each day of production - June 1 to October 1.

1954 - 83 days • 20,000 = 1,660,000 gallons required hauled

1955 - 73-2/3 days • 20,000 = 1,473,000 gallons required (June thru Aug. 2,740,800 gallons hauled (June thru Aug.

Item 2. Requires (a) storage in pend of up to 2,500,000 gallons before any discharge to river.

(b) release of accumulated storage to river between February 1 and May .

1954 - (a) Accumulated storage at end of September 862,280 gallons
(b) Storad waste released to river None

1955 - (a) Accumulated storage at end of August 1,167,300 gallons (b) Stored waste released to river None to September 27

Item 3. Restricts discharge to Kalamazoo River to 12,000 gallons in any 24-hour period.

1954 Discharges to River - - - - None

1955 Discharges to River - - - - None (June thru August)

Item 4. Requires no discharges to be made to River when flow is below 400 c.f.s.

195" Discharges to Miver - - - - None

1955 Discharges to River - - - - Hone (June thru August)

Item 5. Requires monthly reports to be filed with Water Resources Commission.

1954 Reports received timely

1955 Reports received timely (June thru August)

Note - all requirements above upply to period June 1 to October 1.

Prepared September 28, 1955
L. F. Oeming

### STATE OF MICHIGAN

### WATER RESOURCES COMMISSION

A LIEDNEN WILLIAMS GOVERNOS

RUAL COUNSEL THOMAS M. MAYAMAGH

ADJON 7. ADAMS Berchaire Som many

LORING P. ORMING Chief Engineer

NORMAN MELINIOS Chef Houston Driams



417 W. Michigan TEL. \$-8144. Par. 676

P. O. BOX 27 TANKING T MICHIGAN

Octaines 11, 1955

Distribution

THE SERVICE CAUSE

N. P. BALDOTH R. BATTON, V. -

ALBERT I HRUSTIS, M. D. State Health Commissions

CHARLES SE ZIE HER. State Highers Continue mer

GLORGE'S MEINING.

STORGET OF STORES STORES

FRANK M. BURKE IN CO. S. A.

Mr. Ber Orten Trips Dailding Allegen, Michigan

Dear Sir

anciones carevits to a limit of a largement for all all estimates Motion of Determination and Fermina . The proceeding involves to the op-Pails war Tills Inc.

They will not that that the to a motification to the growners to see his for we widt proment of the wayle. If we termination on the growth as the Classesed dortion our conference in Friday of lest well. It is to that dots remised by roach as wester the consisting that the end To mainly a control on this problem of disposed of the one, to a coupt a liquent for our ways are the cone in established and nere often converted only the fortion of the configuration of the ore limm functions to a configuital acata.

former on the control of the control term once to be a metroit if preside by Thursday were of a to year ou know, the limates on will be in section at the Petrolitic line Pair tag commencian on Vector stag.

You .: very truly.

Loring R. Ceming Chief Regimer

WATER RESCUROSE CONKISTICK

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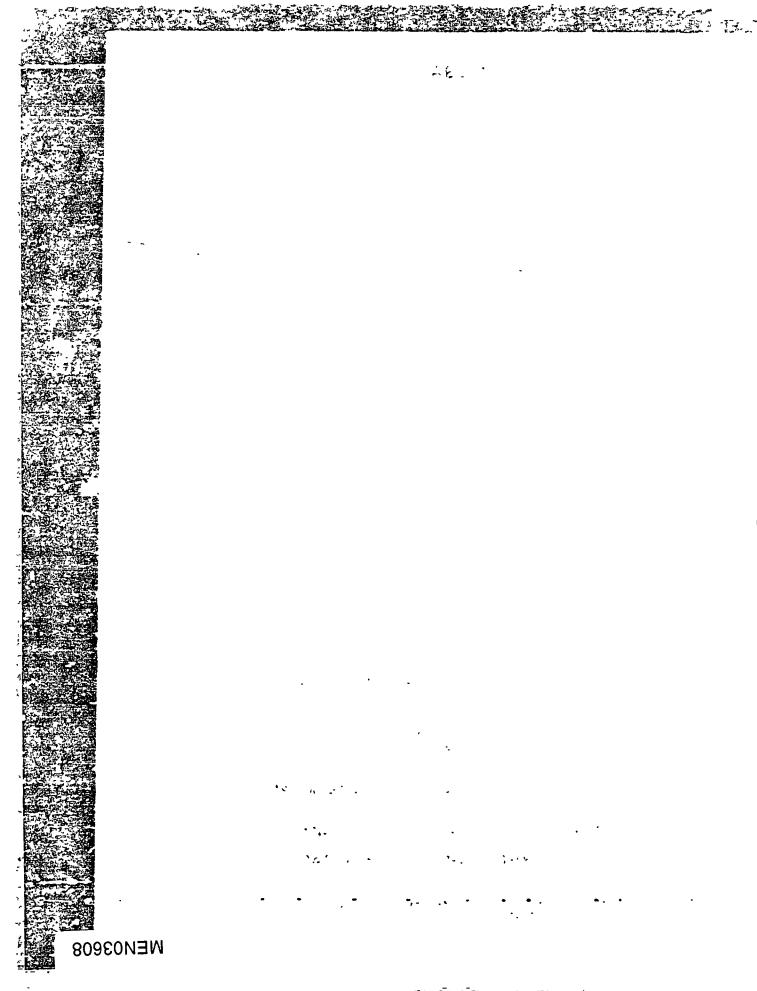
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UNITARE MOLLYNIA CORU DELICA EC TYSSINSIO DE L'EMERYCY

TEMAT SILAN PRESID WAS TOTAL A 100 TO

A LEIW SIBLUSEE WILVA



# Phate of Madesa

Presentings Against the GPMSO 2024 PANN NG24, 286., Grant, AMERICE, for Atheres of Palletins of the Releases 21vm.

# ECHECOM IS AFTERNOON OF MAINE

Hills Nowe Mills, De., a Makigan desperation, and behave becomes balls Nowe Mills, De., a Makigan desperation, and the Water Rosenses Commission of the Secte of Makigan that the hearing on the facts and proposed within against the mild empary for abstracts of pullstates of the Makeson Mires to adjacent from Jonesey M. 1974, to the Orbette 1995 Water Rosenses Commission months, for the purpose of permitting the Grange Malls Name Mills, Inc., to present with 18s perposed program of publican abstracts.

about of pullmition. Boveror, it is resegrated that additional important this otheristies is based upon the balled of the parties accel that the metter agreed to be below by the self oregen to to the pattice allabaty a me salidy colonies plant by notes! experience and an build your la methods and yes

and from the nectical scinkins anni-chesten presents at the en's company agrees to control the stockness tate the faller

Philips statem will bester the brinchs period in which said hearten

2. During the protect from Jens 1 to between 1 of each year of parties, the congress will dispose of or came to be disposed of the parties, an arrange of \$8,000 gallons of mentall adjubble and believed principle uncless by healing with best tracks or by some other making and will not displaces some to the Releasance hiver or other unions of the chair disposity or Salivestip.

22. In middless, during the period from June 1 to October 1 of seath year of said period, the ecopety vill, in a master designed not to erests a missace, others in a year count by 10 or in some other way heap out of the Balancese Mirar a total of 2,500,000 gallons of nextural oxighite next-chemical pulying master produced by 11. The said various so hapt out of the Balance to Mirar may be discharged therein from February 1 to Rey 1 at such times and points as may be approved by the chief engineer of the taken produced to the taken engineers of the taken produced to.

III. During the paried from June 1 to Outstor 1 of each year of said paried, in any event, the company shall not discharge directly or indirectly into the Kalamanoe River in any M-hour paried more than 12,000 gallons of meetral subphite semi-chemical yelping varies.

IV. During the period from June 1 to October 1 of each year in said period whenever the flow in the Enlancese River, an assumed at the United States Seelegical Survey gage at Constant, Hindigan, is below 400 e.f.s., the company shall not discharge any of its nextral sulphite semi-decidal pulping vester into the Enlancese River.

MEN03611

7. The said company shell? Two, adequate paramete absolute the commute of mutual subplice cont-chemical pulping under disposed of by 21 pursuant to the provisions of puragraphs 2, 22 and 222 of this elipsicalism and shall sake and file a report themsel at least once each much with the taker Resources Constants.

This stipulation is subsect into by the parties become vibent projection and does not constitute an elabories of finds or law by either party. But party hopets recurred the right to benefic this agreement as of becames II. 1994, by giving written notic, thereof to the opposite party on or before such date of termination, in which event the sold adjourned hearing will be exhabited for farmary 1995, or a subsequent date on twenty (20) days notice thereof being given by the Valor Recourses femalesies to the sold company.

CENTRO PALLS PAPER MILLS, 180.

Arthur Stratton, Its Atterney

Pages J. Passe, Freeldenk

NAMES ASSOCIATED CONTRACTO

Serald Z. Maty, Chairman

Ellen P. Admin, Brocutive Segretary

lated: January \_\_\_\_\_ 1954 Kalenatee, Hickigan

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memo

CORPORATION

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TO:

Notes for File

DATE: 30 January .: 180

saject: Oil and Grease Reading for Weir 004

John Blaupkamp

On January 30th, I called Marge Spruit of the Water Quality Division of DNR and asked her whether the oil and grease reading for weir 004 should be taken on the weir box or on the receiving waters. I told Marge that the permit said the outfall was to cause no visible oil sheen on the receiving waters and she agreed that the reading should be taken on the Kalamazoo River downstream from the outfall and not on the weir box. I told her as of January 31, 1980 we would be changing and taking the readings on the river instead of on the weir box. Marge didn't anticipate that the past practice of taking the reading on the weir box and the resulting values of greater than 0 on the Monthly Operating reports would not cause any problems.

ac: Bruce Buchaman
Art Brindley
M.O.R File
NPDES Permit File

JB/kj

co: W. A. Sche ck, J. Adams, A. Brindley and D. C. Shepard



9 July 1979

Rebert ... Courchaine

Escaping Secretary, DIR

Water Regrunces Commission

Stemens T. Mason Fullding

Larsing, MI 48927

Description Courchains;

The UPDES permit renewal promobal for the Oisego Paperboard Division of Menashi Corporation has been reviewed. Questionable comits will be discussed in the order they are presented in the termit.

replaced, the flow limit for outfair 002 has been set as a replaced of the product of the product of the product of the product of the product of the flag of the efforts, I would like the retained flow limit encreased to 900,000 gallons per day. On the same page, the not microgram per liter phenol one tration limit will require relified inalytical methodology in testing to insure that interferences do not contribute positively to the test results. Extensive work was conducted at Vulcan, Eydro-Fescia h Labor in Tontian, Michigan and also it Frein and New of hals, in Grand Rapids. Both labor traits independently agreed that gas chromatographic male of the off retail of achieving interference free results. I will how into the state Lob, in Lansing to Sivise them of the rolling ifter procedural metail.

On page 4, the turbine cordenser cooling water flow limit has been set at 7 million gallons per day. This flow should be increased to 7.5 million gallons per day to allow for maximum discringe values. Regarding temperature, we have no control of river water temperatures notside the mixing zone. If temperatures were to exceed or very closely approach the monthly values specified in plangraph 2, we would have no activiable responses. Rather than propose regulations which lend themselves to potential conflict, it would seem reasonable to delete the maximum monthly temperature values and specify only the delta T at the edge of the mixing zone.

Twist rely, rich for the botto of care 1 or life of H sunge of 6.0 to (.0. The same certically should a complete normal variations in river p", however we have a late to tree for the call of the cal

if the terminal discharge from outfall 00; to 80,000 called per day. Occasionally, those approach 200,000 called terminal for shift periods of time. These value, hould be reconsided termilate, the "ne visible falm" and those on outfall 77; terminal of the page. That is, no isoble falm or sheer will be another or the recovering within Occasionally, very small amounts of oil from flore we have enters the ford and although a visible shift a present on the part and skinning baffle on the weir like prevents at discrement to the relating water. In all arrives to class for those of the point for any reservoir.

te, in cutfill to the power large moday for the te, in cutfill to the sensitive bould be increased to the term, will a simple to adminish, and a tentile with a sensitive process taked a, and a control of the control

The first transfer of the first transfer of the combined all transfer of the combined all transfer of the combined all transfer of the combined all transfer of the combined all transfer of the combined of t

I there alid to a same by of these items at your convenincrediff any addition I information is required, please addits.

> Be.. regards, Otsego Paperboard Division Menasha Corporation

Colon Canal

Bruce Buchanan Mgr. Technical & Utilities

cc. Chet Harve,

6166

MARCHANA CO. T.

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### PUBLIC ROTICE

Michigan Water Resources Commission Stevens T. Mason Building Lansing, Michigan 48903 517-373-8088

Permit Number: NI 0003824

NCTICE: Application for Actional Pollutant Discharge Elimination System (Public Law 92-500) Permit by Managha Corporation

Other Michigan, to discharge treated process and

is applied for reissuance of its National Pollutant Discharge Elimination System (19215) Permit to discharge traited process and cooling water (19215) the waters of the State of Hichigan. The permit will be issued by the inchigan water Resources Commission.

The small and is engaged in the manufacture of memicientical corrugation.

The applicant discharges its effluent to

The proceed determination to issue an AFDES Permit is tentative. Persons wishing to commit upon, on object to, the proposed determination are invited to submit the same or artific to

Engineering & Technical Services Section hater Quality Division Jept. of Natural Pesources Box 30028 Lansing, Hichigan 48909

The permit application number should appear next to the above address on the envelope and the first page of any submitted corrents. All comments received within thirty (3); tays of the date of issuance of this public notice will be considered in the familiar or of the final determinations. If no written objections are received, the Michigan water Mesources Commission will issue its final determinations no later than stary (60) days following the date of this notice.

The scalination, proposed negative traducing propored efficient limitation; and appellal conditions, accoments received, and other information, are on file and may be inspected at the later Quality Division Offices, 8th Floor, Stevens T. Mason Building, Lansing, Wichigan and at the District Office lucated at the Share Office Building, 350 Ortawa Ave.

This is a second of the Share Office Building of the Share Office Bu

Phone 618-6211 at any time between 132 a.m. and 3-30 p.m., Monday through Friday. Copies of the Public Notice and corresponding fact Sheet survarizing application information and proposed permit conditions are available at no charge. Copies of all other information are available at a cost of 5c per page.

Pirese bring the foregoing to the attention of persons whom you know would be interested in this matter.

### FACT SHEE!

The Kalamazoc River is classified for Secreation - partial body contact. Fish, Wildlife, and Aquat's life - intolerant fish, warm-water species; Agriculture; Correctal, Water Supply - industrial; and other uses. A more complete description of the discharges and E stetch of their location follows pelow:

# Description of Existing Discharge\*

OUTFALL OOI: Moncontact cool:-R water CONSTITUENTS	MUMINIK	AVERAGE	MAXIMUM
Flow (MGD)		0.111	0 225
•	7.3		7.9
pH s.v.	****		
Temperature (°F)		6.0	10 0
BOD5 mg/1			
Suspended Solids mg/1		0	1
OUTFALL 202 Dilute Process Waste Water			
Flow MGD		0.428	0 540
		15.0	99 C
8005 #8/1		6.0	43.0
Suspended Solids mg/l		5, 33	143 0
Settleable Solide mg/l		•	8.4
pH 5.U.	7.5		1
Frencis ug/l		212	P90 .
Total Phosphorus 9g/1		0.76	2.5
OUTFALL (3) 6 00% Not contact Cooling Wa	ter		
<b>_</b>		6.8	7.1
Flow MCD		6.	6.
BUDS ANY		v	0
Oil & Grease 0-4		ŭ	5. 1
pH S.U.	7.6		<b>8</b> . 1

THE RESIDENCE OF THE PARTY OF T

1	FACT SHEET (COST)	MI 00	3824			
- 11 77. Koncentact Coolse	Tit 75. Roncretect Cooling Mater and Yard Stainage					
	KFRFIH	AYERAGE	HALLHER			
1 - 4 -		0.07	0.436			
" - per med Scilds mg"l		5.0	41			
s e ces falida lba/day		3.0	43			
, * ,	7,4		9.1			
*, ** 1		62	94			
	astevater Prior to Himi Through Outfall 05)	ng with the Hono	ontect Cooling			
·. • •		0.62	0 836			
5 48"		335.0	823.			
his enied Solids mg/)		420.6	930			
'ettlesbie Solids eg/l		31	290			
erc. warl		64	239			
, 25 4 5 F/A #8/1		2.09	1.5			
- TO Combined						
a fay		1731	3670			
yat rd. e · · ·		2191	5530			
<ul> <li>- rainiste from company a September, October and Movember wouthay</li> <li>- ing reports</li> </ul>						
estir waste is di T ea mont Faant	scharged to the City of	Otsego Vastevat	• †			

CEMETA-Y F GI LAPIDED Ly PROSPECT ST (FROPOSE) RALAMATCO RIVER LOCATION OF GUEGAN BY. 14 62 BORLET 1-500" DISEGO MAP

LOCATION OF DISCHARGES IN PLAMITOD HIVEN
AT UTILGO, COUNTY OF ALLEGAN, S ATL OF
MICHIGAN
APPLICATION BY MENABHA CORD
SHEET 1 OF 7
DATE: 8-78

MI 0003824

Permit Member: MI 0003424

### FACT SHEET

### cosed Ceternirations

\* nater (vality division has examined the above application. The effluent "Itations contained in the proposed permit are based upon application of tarte materials reflecting "best practicable control technology currently 1' it e end the State of Michigan Water Quality Standards, whichever is re restrictive. The Highigan Water Resources Commission process to issue e assistant a permit to discharge subject to effluent limitations and certain are contions. The following is a brief description of the proposed efficient mitations and special conditions:

### Prigried Limitations

1015717.5775 MIKIMUM AYERAGE MATIMA 7344 .71 1 4 001 No visible film . . . . . . No visible film " Sur en.ed Solide (lbs/day) (20) 30 mg/1 (67) 100 mg/1 10 6.0 WES ON FOLLOWING PACE

PROPOSED LIMITATIONS FACT SHEET (CONT)

MI 0003824

COMSTITUTATE

HINDRIN AVERAGE MAKINEY

### OUTFALL DOO

Soluble orthe Phresphorus		1 mg/1 5.8 lbs
Phenol ug/2	300	,
ph S.U.	6.0	9.0

### CUTFALLS DOZ & DOD COMBINED

### June 1 - October 31

BODS kg/day (lbs/day) 1695 (3725) Total Suspended Solids kg/day (lbs/day) 1455 (3200)

### November 1 - May JI

tg/day (lbs/day) 1695 (3725) 2340 (5590) Total Suspended Solids kg/day (lbs/day) 1455 (3200) 2187 (4800,

The total discharge from outfalls 005-001 shall not increase the temperature of the Kalamazoo River at the edge of the mixing zone, described as the right 1/4 of the river from Farmer Street Bridge downstream to a point 600 feet downstream from outfall 001, by more than 5 degrees faharenheit nor greater than the following monthly temperature.

DEC 55 43

### 2. Proposed Special Conditions

The company shall continue to meet the imitations of the permit. Monitoring of eatential parameters with monthly reporting are specified in the permit. The permit expiration date is March 31, 1981

### Register of Interested Persons

Any person interested in a particular application or group of applications, say leave his name, address, and phone number as part of the file for an application. The list of names will be maintained as a means for persons with an interest in an application to contact others with similar interests.

(Fact Sheet)

### Public Hearing

If submitted comments indicate a significant public interest in the application on it useful information may be produced thereby, the Michigan Mater Resources Commission at its discretion, may hold a public hearing on the application. Any serson may request the Michigan Water Resources Commission to hold a public hearing on the application.

Fublic notice of a hearing will be circulated at least thirty (30) days in advance of hearings. The hearing will be held in the vicinity of the discharge. Therefice, the Hichiger M ter Resources Commission will formulate its first reterminations within sixty (50) days. Further information regarding the conduct and nature of subject hearings concerning discharge permits may be obtained by writing or visiting the eddress shown on the Public Motice.

### AUTIORIZATION TO DISCHARGE UNION THE

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

'n committence with the provisions of the Federal Mater Polistion Control "t. as mented. (33 U.S.C. 125) et sew; the "Act"), and the Michigan Water resummes (mission Act, as amended, (Act 245, Fublic Acts of 1929, as amended, (" "ichten Act").

Menasha Corporation

is extherized to discharge from a facility located at

120 South Farmer Street "tiren, Michigan 49078

to receiving waters nemed Raismanno River

ar accordance with effluent limitations, monitoring requirements and other conditions ret f ere or Parts I and II hereof

"and parent shall become effective on the date of issuence.

firs permit and the authorization to discharge shall expire at midnight, . 19 gg . In order to receive authorization to discharge the are registed by the Michigan Water Pesources Commission no later than "4/1 or or the date of entiration.

This course is based on the company's application all, providing or Final Orders of Determination proviously adopted " - " 171" Her Pesources Comfission.

ter the Mar of the Mar for the Michigan Water 

PROPOSED SIBJECT TO REVISION

tobert J. Courchains **Executive Secretary** 

Permit No. \_nt 0003824

Flow H /day (MCD)

Page 1 of 10

Daliy

### 2281 1

### A. EFFLUENT LIMITATIONS AND HORITORING REQUIREMENTS

Final Efficient Limitations During the period beginning on the effective date of this sermit and lasting until the expiration date of this permit the permittee in authorized to discharge three hundred thousand (300,000) gallons pe. day of noncentact cooling water from outfall 001 to the Kalawazoo River. Such discharge shall be limited and monitored by the permittee as specified below:

Discharge Limitations kg/day (lbs/day) Other Limitations Monitoring Regularments Effluent Dally Reasurement Dally Dally Samole Cherecteristic Average Nextmin Average Maximum Frequency Type

The term noncontact coming water shall mean water used for comling which does not come into direct centact, with any raw notorial, intermediate p.oduct, by-product, waste product, or finished product.

- e. The pH shall not be less than 6.0 nor greater than 9.0 . The pH shall be monitored as follows. welly - grah
- b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.
- c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or shoen on the receiving waters,
- d. Samples taken in compliance with the monitoring requirements above shall be taken prior to discharging to the city storm sever.

Grab

a. In the event the parmittee shall require the use of water treatment additives, the nermittee shall notify the Michigan Water Resources Commission in accordance with the requirements of Part II. Section A-1.

Page \_ of \_10

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Page 4 0' 10

? First Efficient Line actions During the period beginning on the effective care of this period and leating until the expiration date of this permit the control to discharge six hundred thousand (600,000) gallons for any access wastewater from swifell 002 to the Kalamaron River. Such tischerse shall be limited and monitored by the permitted as specified below:

Efflient Craracteristic	bg/day (TEs/day) Laily Letty Average Maximum	Limitations Con Limitations Dally Dally Average Heximum	Monitorine Reasurance Frequency	
F1m/ 43/4m (MCD)			Dally	Cont Invova
BODS ne/1			Deily	24 hr.composite
Intal Suspended So	lide wg/l		Deily	24 hr.composite
*-t leable Solida	rg/1		Deily	Grab
Phonos us/1		100 wg/1	Veckly	24 hr.composite

e. The pH shall not be less than a.o. nor greatr than a.o. . The shall be sorttored as follows: \_\_Dalax areh\_\_\_\_\_\_\_\_.

b. The discharge shall not cause excessive form in the neceiving maters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shell not content oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be taken error to factoring to the Calmagon Plyer. 2. Final Effluent Limitations Pering the period beginning on the effective date of this permit and lasting until the expiration date of this permit. The permittee in authorized to discharge seven million (7,000,000) gallons per da, of condenser moncontect cooling water through our falls 003 and 003 to the Relamatoo River. Such discharge shall be limited and monitored by the permittee as specified below:

Discharge Limitations					
	kg/day (Tbs/Jay)	Other Limitations	Monitoring	Regulrements	
Efficent	Daily Daily	Dally Dally	Measurener	\$6.016	
Characteristic	Average Maximum	Average Maximum	Frequency	_ Ivee	
Flow H3/day (MCD)	•		Daily	Calculation	
Oll & Creese	No visible	/ile	Keekiy	Flaual Ctm'eta	
Temperature F	1		Weekly	Meading	

The total discharge from outfalls OCS-001 shall not increase the temperature of the Kalamazoo River at the edge of the mixing zone, described as the right 1/4 of the river from Farmer Street Bridge downstream to a point 600 feet downstream from outfall 001, by more than 5 degrees faharenheit nor greater than the following monthly temperature.

JAM FEB HAR APRIL HAY JUNE JULY AUG. SEPT OCT MOY DEC. 41 40 50 53 76 84 85 95 79 68 55 13

The term noncontact cooling water shall mean water uned for conling which does not come into direct contact with any saw material, intermediate product, by-product, waste product, or finished product.

a. The pH shall not be less than 60 nor greater than 1.0. The pH shall be sonitored as follows: Markly; grab

b. The discharge shall not cause excessive foam in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the confitoring requirements above shall be taken at the epiliter bea prior to discharging through outsalls 001 and 003.

e. In the event the permittee shall require the usu of water treatment additives, the permittee shall notify the Michigan Vater Resources Commission in accordance with the requirements of Part II, Section A-1.

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annemar Augusten i de la la la Maria	 				
Per-1: Ro. 18 0003824		,	Pege _	3 of	1
•	•	•	(,		

.. First iffuent limitations buring the period beginning upon features of this sent and lasting until expiration of this permit, the permittee is authorized to scherze eighty thousand (80,000) gollone per day of boiler blowdown, seel water I via collenge floor drainage and an undetermined amount of roof drainage from 'a . C to the Kalamazoo River. Such discharge shall be limited and monitored 'a resulting an apacified televi

	89/607 [BS/017]	Lipitations Other Limitations	Monitoring B	rgulrenents
iera_reristic	Cally Cally Average Maximum	Daily Daily Average Maximum	Frequency	Sample Type
00 T' 107 (MED)	•		Delly	
tal Suggended 5 lide	9.0 (20) 30 (67)	30 mg/1 100 mg/1	Seekly	Grab
reporature F	•		Workly	Crab
, and Grosse		no visible flim	Deil,	T.sual Observatica

a "Pe pH shall not be less than 6.0 nor greater than 9.0. The sail be confitored as follows: weeking problem."

t "e discharge shall not cause erressive foam in the receiving waters. The schare shall be essentiall, free c" floating and settleade sounds.

c. The discharge shall not contain oil or other substances in amounts sufficient create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall be then prior to discharging to the Calquagoo River

Permit	Ħo.	0003824
--------	-----	---------

5. Final Effluent Limitations. During the period beginning on the effective date of this permit and/lanting until the empiration date of this permit the permittee is sotherized to discharge reven hundred the mand (700,000) gallens per day of treated process wantevater from outfall 000 through outfall 003. Such discharge shall be limited and monitored by the permittee as a sciffed below.

Effluent <u>Characteristic</u>	Discharge bg/Cay (Tbs/day) Dall; Dally Average Maximum	Uther Lin Daily Average	Dally	Monitoring Heasure ent Frequency	Requirements Sa Ty 5
Flow H <sup>3</sup> /day (HED) BOD 5 mc/1 Total Suspended S Jettlesbie Solids Fhanol ug/1 Soluble ortho phosphorus	olide <b>mg/l</b>	300 B)	1.0 mg/1	Duily Daily Daily Daily Weekly Weekly	Continuous  24 hr composite  24 hr composite  Crab  24 hr composite  24 hr composite

•	The pH shall	not be less	than 6.0 nelly grab	nor greater	than 9.0	The
fieds Hg	be monitored	as follows:	Delly fras		<del></del> `	

L. The dicharge Sheil not count one asive toom in the receiving waters. The discharge shall be essentially free of floating and settleable solids.

c. The discharge shall not contain oil or other substances in amounts sufficient to create a visible film or sheen on the receiving waters.

d. Samples taken in compliance with the monitoring requirements above shall	ŗ,
taken of putfall 000 prior to mixing with noncontact cooling and	-
discharged through outfall 001	_

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STATE OF THE PARTY

5. First Effluent Lini ations. During the period beginning on the effective date of this percit and lasting until the expiration date of this permit, the permits is authorized to discharge one million six hundred thousand (1,500,000) gallons per day of treated process westewaters from outfall 002 and outfall 000. Such discharge by the permittee as specified below: shell be limited

Effluent Dally Characteristic Average		Montgaring Bequirements Reasurement Sample Frequency Type
Are 1 - Citober 31		
BCSg lbe/dev Total Suspended Solide 192/249	1695 (2725) 1455 (2200)	Daily Calculation Daily Calculation
"courbor ' - "ay 31	. 4	
10. 10-/4eg 1582[7475] Total Supposed 1453(3200) Tolide 1-9/4eg	2540(3:30) 2182(4800)	Daily Culculation Daily Calculation

The states excelled above are haned upon the combined leading of pracess wastes discharged from outfall 002 and outfall 000. Limitations apply to each treated process etrees prior to mixing with noncontact cooling water.

- a. The discharge shell not cause excessive form in the receiving waters. The discharge that be essentially free ef floating and sandlable solids.
- b. The discharge shall not contain oil or eiter substances in amounts sufficient to create a visible film or sheen on the receiving waters.
- e. Surples taken in corpliance with the monitoring requirements above shall be tilen of mitfall \$32 prior to discinretor to the falmerse Riversorfell \$50 shall " 1 Trief tries to dising with the accounters conline water and discharged through

### 7. Special Conditions

This permit may be modified, or, alternatively, revoked and reissued, to comply with any applicable effluent limitation issued pursuant to the order the United States District Court for the District of Columbia issued on June 8, 1976. In Matural Resources Defense Council, Inc. et. al. v. Russell E. Train, 8 ERC 2120 (D.U.C. 1976). If the effluent limitations so Issued:

- (1) is different in conditions or more stringent thun any effluent limitation in the permit; or
- (2) controls any pollutant not limited in the permit."

PART 1

### 1. PONITORING ALD REPORTING

### 1 Representative Sampling

Samples and measurements taken as required herein shall be representative a" the volume and nature of the monitored discharge.

### 7. Reporting

The comfiler small submit monitoring reports containing results obtained during the praylous worth and shall be postparted no later than the 10th day of the month following each completed report period. The first report shall be sul-itted within 50 days of the date of issuance of this permit.

### 3 Definitions

- s. The daily average discharge is defined as the total discharge by weight, or concentration if specified, during a calendar month divided by the number of cays in the month that the production or commercial facility was operating / When less than colly sampling is required, the daily average discharge shall he deterrings by the summation of the measured daily discharges by weight divided by the Tumber of days during the calencar month when the measurements were made.
- b. The daily maximum discharge means the total discharge by weight, or concentration if specified, during any calendar day.
- c The Pegionel ACministrator is defined as the Region V Administrator. U.S. [PA. located at 230 South Deerborn, 13th Floor, Chicago, 2111nois 60604.
- d. The Michigan Water Percurres Commission is located in the Stevens T. Meson Building. The melling address is Box 20028, Lansing, Michigan, 62508.

### 4. Test Procedures

"ast procedures for the analysis of pollutants shall conform to regulations published pursuant to Section 304(h) of the Act, under which such procedures may de retufrec.

### S. Recording of Pesults

for each resourcement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information;

- a. The exact place, date, and time of sampling;
- b. The dates the analyses were performed;
- E. The person(s) who performed the analyses:
- d. the analytical techniques or mathods used; and
- e. The results of a required unelyses,

# 6. Additional Ponitoring by Permittee

If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit, using approved analytical methods as specified above, the results of such monitoring shall be included in the calculation and reporting of the values required in the Monthly Operating Report. Such increased frequency shall also be indicated.

### 7. Records Retention

All records and information resulting from the monitoring activities required by this permit including all records of analyses performed and calibration and maintenance of instrumentation and recordings from egostomous monitoring instrumentation shall be retained for a minimum of three (3) years, or longer if requested by the Regional Administrator or the Michigan Water Pesources Commission.

# C. SCHEDULE OF COMPLIANCE

- 1. The permittee shall continue to operate the imitalled facilities to achieve the affluent limitations specified for outfall(s) 000 - 005
- 2. The permittice shall comply with the requirements of Section 10, Part 11-A In accordance with the following:
  - a. Submit plans for approval to the Chief of the Water Quality Division necessary to comply with the primary power provision of Section 10 #/A in Part II on or before \_\_\_\_
  - b. The provides shall comply with the requirements of items 10% or 10% contained in Part II on or before N/A hot wit standing the preceding sentence the permittee shall at all times lait, reduce, or otherwise control production in order to protect the waters of the State of Michigan upon the reduction or loss of the primary source of porar.
- 3. No later than 14 calendar days following a date identified in the above schedule of corpliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

### FART II

### MINISTER OF PERIFERENTS

### 1 Change in Discharge

### ? Containment Facilities

The semittee shall provide approved facilities for containment of any excitant? Itse, of concentrated solutions, ecid, alkalies, salts, oils, or fer scilly reteries in accordance with the requirements of the Hichigan a source torniss on Pules, Part 5

### ertire fertification

or or the shall have the waste treatment facilities under the direct entition of an operator certified by the Michigan Mater Resources Commission, the control of the Michigan Jet

### 4 horrestrance intercation

f. for any reason, the permitted does not comply with or will be unable in the plantage efficient I mitation specified in this permit, the first series and increase the following the following in the following in the following in a form in a first within live (3) days of becoming every of such condition:

- A description of the discharge and cause of moncompliance, and
- \* """ period of noncompliance, including erect dates and times; or, I not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, all-finate and prevent recurrence of the an complying discharge.

### 5. Still fetiffration

"The remittee shall immediately report any spill or loss of any product, increased." Internation of the solvents, make material, or any other solvents. Internation or which occurs to the surface or groundwaters of the state by salling the Internation of Sill States of Security 24 hour Emergency Response telephone made (517) 173-7600, and, the permittee shall within tax (10) days of the spill or loss state with a full written explanation as to the cause and discrept of the spill or loss, clean up and recovery measures taken, preventative ratioses to be term, and schedule of implementation.

### 5. Facilities Operation

The permittee shall at all times maintain in good wor-ing order and operate as efficiently as possible, all treatment or control facilities or systems installed or used by the permittee to achieve compliance with the terms and conditions of this permit.

### 7. Adverse impect

The permittee shall take all reasonable steps to minimize any adverse impact to navigable waters of the noncompliance with any effluent limitations specified in this permit, including the increased or additional monitoring as necessary to determine the nature and impact of the noncomplying discharge

### 8. By-pessing

Any diversion from or by-pass of facilities necessary to maintain compliance with the terms and conditions of this permit is prohibited, except (1) where unavoidable to prevent loss of life or severe property demage, or (1') where excessive storm drainage or runof' would damage any facilities necessary for compliance with the effluent limitations and prohibitions of this permit. The permittee shall prorptly motify the Michigan exter Resources Commission and the Regional Administrator, in writing, of such diversion or by-pass.

### 9. Lancved Substances

Solids, sludges, filter backwash, or other pollutants revived from or resulting from treatment or control of westewaters shall be disposed of in a manner such as to prevent any pollutart from such materials from entering navigable waters, or the entry of toxic or harmful contaminants thereof onto the groundwaters in concentrations or amounts detrimental to the groundwater resource.

### 10. Power fellures

In order to valutate compliance with the effluent limitations and prohibitions of this permit, the permitt cashall either.

- a. Provide an alternative power source sufficient to operate factivies unisized by permittee to maintain compliance with the enfluent limitations and conditions of this permit which provision shall be indicated in this permit by inclusion of a specific compliance date in each appropriate "Schools of the for Effluent Limitations".
- b. Upon the reduction, "ust, or fairers of orm or more of the primary sources of power to facilities utilized by the permittee to taintain compliance with the effluent limitations and conditions of this permit, the permittee shall half, reduce or otherwise control production and/or all discharge in order to maintain compliance with the effluent limitations and conditions of this permit.

### 1. Aight of Entry

The permittee shell allow the Executive Secretary of the Michigan Water Resources Countsion, the Regional Administrator and/or their authorized representatives, upon the presentation of the credentials:

- To enter upon the permittee's premises where an efficient source is located or in which any records are required to be kept under the terms and conditions of this permit; and
- b. At reasonable times to have access to and copy any records required to be kapt under the terms and conditions of this permit; to inspect any monitoring equipment or monitoring rethod recuired in this pormit; and to sample any discharge of poliutants.

### 2. Transfer of Ownership or Control

In the event of any change in control or ownership of facilities from mich the authorized discharge emanate, the cermittee shall notify the succeeding con councillar of the existence of this permit by letter, a copy of which this is forwarded to the Richinan Water Percences Commission and the Regional Epitetresians.

### 3. Avai'ability of Peperts

front for data determined to be confidential under Section 308 of the Art and Pulo 212h of the Mater Resources Commission Rules, Part 21, all reports preserve to economic with the terms of this permit shall be available for public interction at the offices of the State Mater Pollution Control Agency and the First of Confistrator. As required by the Act, officer data shall not be curs credit conficiential. Accordingly making any false statement on any such reporting results are indestinant of criminal penalties as provided for in Section 309 of the Act and Sections 7 and 10 of the Michigan Act.

### 4. Perrit Yodiffcation

After rotice and eppertunity for a hearing, this permit may be modified, subserced, or revoked in whole or in part during its term or cause including, but not limited to, the following:

- a. Yielation of an, terms a conditions of this permit;
- Obtaining this permit by misrepresentation or failure to disclose fully, all resebant fints; or
- c. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.

# 5. Toxic Pollucants

Permit his

Rotalthstanding Part II. B-4 above, if a toxic offluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the Act for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation for such pollutant in this primit, this permit shall be revised or modified in accordance with the toxic effluent standard or prohibition and the permittee so notified.

# 6. Civil and Criminal Lisbility

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Except as provided in permit conditions on "By-passing" (Part II, A-8) and Power Failures" (Part II, A-10), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance, whether or not such noncompliance is due to factors bayond his control, such as accidents, equipment breakdowns, or labor disputes.

# 7. Oil and Hazardnus Substance Liability

Nothing in this permit shall be construed to preclude the institution of ary legal action or relieve the permittee from any responsibilities, liabilities, or penulties to which the permittee may be subject under Section 311 of the Act.

### 8. State Laws

Mothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State law or regulation under authority preserved by Section 510 of the Act.

### 9. Property Rights

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor infringerent of federal, State or local laws or regulations, nor does it obviate the necessity of obtaining such permits or approvals from other units of government as may be required by law.

### 10. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstances, is held invalid, the application of such provision to other circumstances, and the receinder of this permit, shall not be affected thereby.

# 11. Notice to Public Utilities

It is further made a condition of this permit that the applicant give notice to public utilities in accordance with Act 53 of the Public Acts of 1974, being sections 460.701 to 460.718 of the Hichigan Compiled Laws, and comply with each of the requirements of that Act.

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If the permittee desires to take any substitutal changes in the plan, with similar changes shall be substited to and approved by the Chief of the Crui chater Quality Division prior to implementation.

### 11. Special Condition

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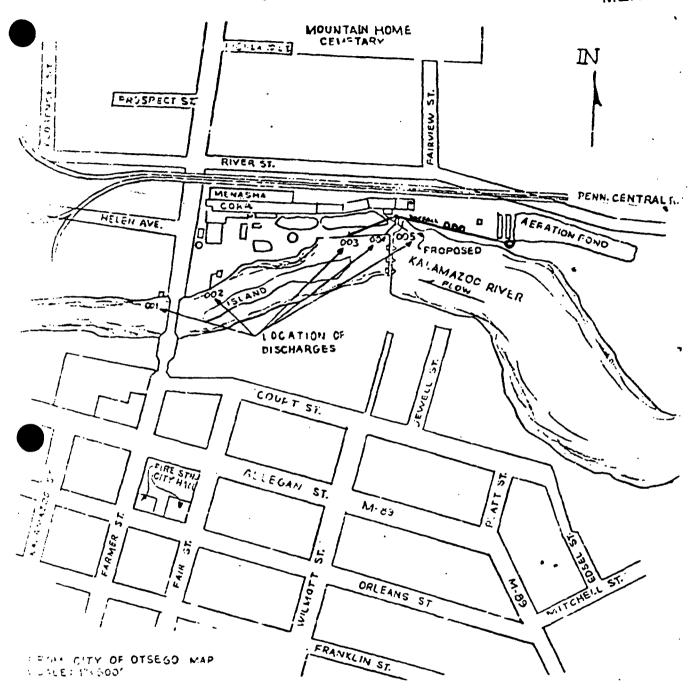
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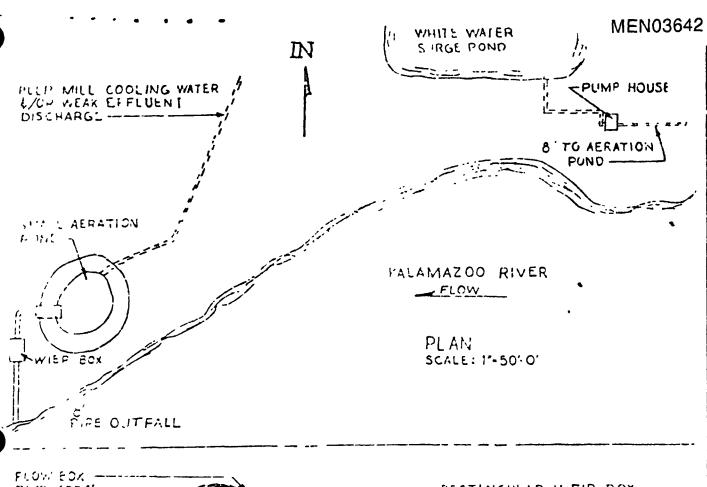
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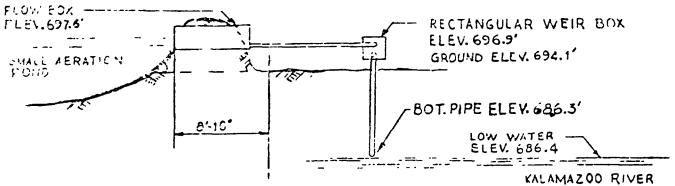
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LOCATION OF CISCHARGES IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN AFPLICATION BY MENASHA CORP. SHEET 1 OF 7 DATE: 8-78

MEN03641 IN FARATER 3. CONG FIRE - ILL COOLING KALAMAZOO RIVER IC CITY STORM BRIDGE LE MER CUTTALL -PLAN SCALE: 1 - 50'-0" BRIDGE GROUN EL 150 3 TR'ANGULAR NUTCH WEIR ELEV. 687.7 rELEV. 686. 6 LOW WATER CONC. WALLS DIL PIFE KALAMAZOO RIVER STONE FILL PRUFILE 001 35 h = 1/8" - 1'-0" OUTFALL & DISCHARGE IN KALAMAZOO RIVER AT OTSEGO COUNTY OF ALLEGAN, STATE OF MICHIGAN APPICATION BY MENASHA CORR DATE: 8-78 SHEET 2 OF 7

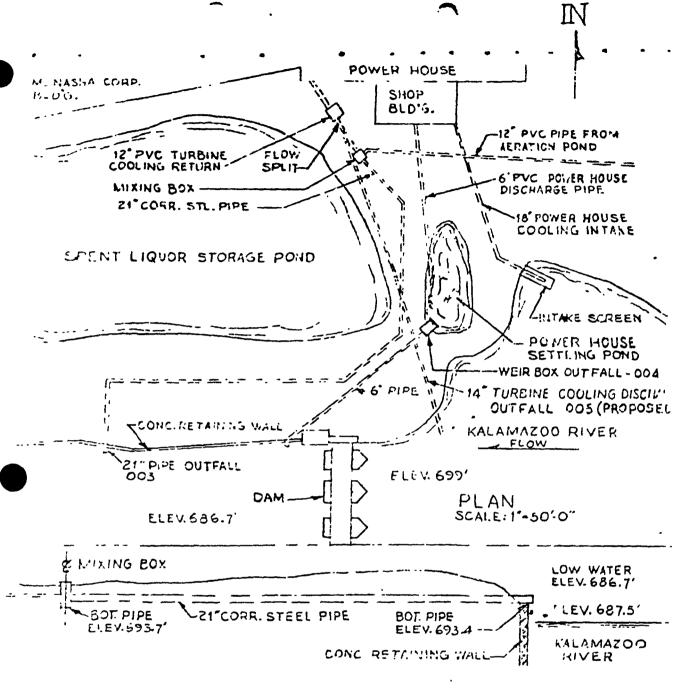




PROFILE 002 SCALE: 1/8"-1'-0"

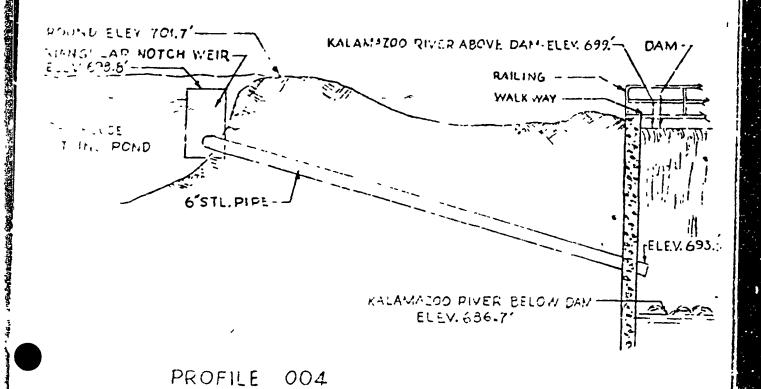
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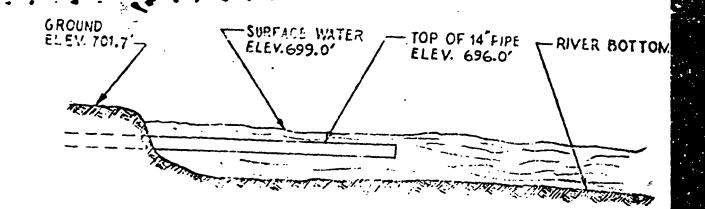
PROFILE SLALE: 17-30-0"

OUTFALL & DISCHARGE IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN APPLICATION BY MENASHA CORP. DATE: 8-73 SHEET 4 OF 7



OUTFALL & DISCHARGE
IN KALAMAZOO RIVER AT OTSEGO,
COUNTY OF ALLEGAN, STATE OF
MICHIGAN
APPLICATION BY MENASHA CORP.
DATE: 8-76
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SCALE: 1/2 = 1'-0"



PROFILE 005 SCALE: 1/8 = 1'-0"

OUTFALL & DISCHARGE IN KALAMAZOO RIVER AT OTSEGO, COUNTY OF ALLEGAN, STATE OF MICHIGAN. APPLICATION BY MENASHA CORP. DATE: 8-78
SHEET 6 OF 7

